7	1 1 1	
1	6260	1
)	the medical expension must expense the	IMPORTANT: If them 21 is morked at them 18 shaws ony injury, or other troumotic event, the medical examine mu
A	10	with the State Dept of Health and Mental Hygiene prior ta burial, cremation, ar remaval.
hears of	pers. Pages 1 and 2 should be tiled within # he	should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shawiff be Illed within
(	iccon and completely lifed a	recomed by the hospital of offerating physician.  TO FINNERAL DIRECTOR, After this certificate has been signed by the attending obsission and completely filled in the fillent.
. Poge 4	te be executed within 24 hours ofter death. P	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 retained by the hospital or oftending obsistion.
	ALTIMORE, MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

1	STATE REGISTRAR		DEP		ICATE OF DEATH	REG. NO	).	777	
	ECEASED NAME FIRST CHARL	65	HLCA	V A	1BERYANDA	20. DATE OF DEATH	MONTH D	1985	11:00 M
3. S		. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	W	nite	Sept		47	YRS.	MONTHS DATS	MOURS MIN.
7o. l	BIRTHPLACE (STATE OR FOREIGN	L CITIZEN OF	WHAT COUN	TRY? .8.	D A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
B	alto. Md.	U. S.		WIDOWE	DIVORCED	Harford Co	. Md.		MD.
10 (	CITY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION		E) INDUSTRY	OF BUSINESS OR
	allston	Falls	ton Gen	. Hos. I	Fallston, Md.	Retd.mecha	nic	Balt	imore Cit
13e	JAL RESIDENCE (IF NURSING HOME OR OSTATE 13b. COUN  Maryland Harf	ΓY	13c. CITY OR  Joppa	TOWN	YES NO X	3002 Sycam			085
		C	Amberm		IS MOTHER'S MAIDEN NAM	ME MIDDLE		Jasper	ST
	WAS DECEASED EVER IN U.S. ARA			SECURITY NO.	17 INFORMANT		ss 3002	Sycam	ore Ct.
	no	WAR OR DATES)	21.9-3	2-7422	Mrs. Janie E.	Amberman, Jo	ppa,	Md. 21	085
CERTIFICATION	couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	(c)ONDITIONS (		STO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	20b IF YES	, WERE FINDI	INGS USED
FE						YES NO	YES	YING CAUSE:	NO
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'  (IF EITHER, NOTIFY MEDICAL EXAMINER)	H HOUR	of Injury A.M. Month P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART ( OR PART 2)	
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OF	FFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did not		3/19		nd that in (my) (our) opinion o			r and from the	
	THE SIGNATURE	A.	Ker	nlari	ATTENDING PHYSICIAN 2	MEDICAL STAF		2/ DATE	9/85
	Joseph	R	einhard		2003 Rock Sp		rest H	fill, M	ld•
230	BURIAL, CREMATION, REMOVAL	23b. DATE	7005		EMETERY OR CREMATORY	Bel Air	Her	rford	Md. STATE
7.4	Burial FUNERAL DIRECTOR	2-22-	エスのク	ReT WI	r Mem. Gardens	E REC'D. BY REGISTRAR			
E		50Bela	irRd.Ki	ngsvill	e, Md. 2108 75 P		Prelia Da	widson-M	andella

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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## STATE OF MARYLAND

	1 - STATE REGISTRAR	DEI	CERTIFICATE OF DEA		REG. NO.		
	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE C		DAY YEAR	26 HOUR
	Will	iam Foliario	1 Bakel		Jeb.	13 1985	10:28 M
	3. SEX	4. RACE	5. DATE OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	Nov. 12	Ĭ922 6	2 yrs. YR	MONTHS DAYS	HOURS MIN.
-	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUL	NTRY? 8 MARRIED NEVER MAR	9 BALTIM	ORE CITY OR COU		
7	Maryland	U.S.A.	WIDOWED DIVOR		Harton:	1	MD.
7	10. CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUT	TION 120 USUA	LOCCUPATION		F BUSINESS OR
-	HavAe de Groce		emorial Hospita	Supp	ly Servic		
-	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY_ 136 CITY Q	R TOWN 13d. INSIDE CITY L	IMITS? 13e.STREET	ADDRESS / ZIP CO	Point	-
-	Maryland Cec	cil PortI	lonogit VV	155	North Mai:	n Street	21904
	4 FATHER'S NAME	MIDDLE LA	IS. MOTHER'S MA		MIDDLE	D IAST	
4	Ernest -	Bak	ker Myrt	le		Dorců	3
)	160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	L SECURITY NO. 17 INFORMANT		ADDRESS		
1	Yes W.W.	. II   220-1	18-5278   Peggy R	obichaud	Bel Air,	Maryland	21014
	18 CAUSE OF DEATH (Enter or	nly one couse per line fair	(b) (and (c))	- 1		APPROXIM BETWEEN O	NATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (o)	your in	usi	The Parks		
		DUE TO, OR ASTA CON	ISEQUENCE OF	0 1 -	1		
	Conditions, if ony, which	( b) /W	10 andre	ontine	un		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A	SECTION OF	1			
	underlying cause last.	(c) V	MINOTOW	ous			
Ì		CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 110	
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING						
2	190. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORME	D 200 AU	OPSY? 206. IF	YES, WERE FINDIN	GS USED OF DEATH?
	I T T T T T T T T T T T T T T T T T T T			YES 🗆	NOX	YES 🗌	NO 🗆
		216. TIME OF INJURY HOUR A.M. MONT		Y OCCURRED (ENTER)	HATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	S (IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
	21d INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE, FARM, ETC.)  21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		2/17	Da	2/12	1	
	22a.   certify that (I) (this haspi	0/1 -		9	-113		hot (I) (we) lost
		ot view the body after death.		) opinion death occur	red on the dote and	hour and from the o	auses stated
	THE IGNATURE NO. 7	march Than	DEGREE	NDING MEDICA	L. STAFF	259	111 -
	Bond 111	and When	PHYS		R PHYSICIAN	(1)	91
	PHYSICIAN'S NAME (TYPE C	OR PRINT)	22 ADDRESS	. d. G	Vari	MIG	4011
	MANCE	11 (UN /7/2)	1 1/1017	ruo	00/	1.40	10/8
	23a BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREA	MATORY 23d LOG	ATION IY ORTOWN	COUNTY	STATE .
	Burlai	Feb. 16,1985	Hopewell Cemet		Deposit	Cecil Ma	J
	THE PROPERTY OF THE A	- 10 m 791 707	7	250 DATE REC'D. BY	REGISTRARIZSE REC	GISTRAR'S SIGNATI	JRE

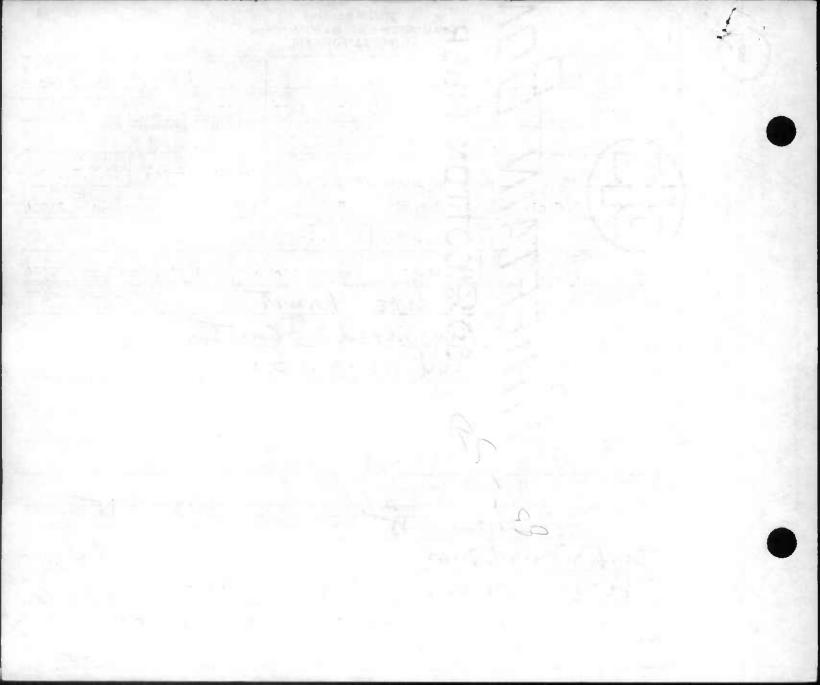
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanopoets. Pages 1 and 2 should be file, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

APORTANT: If them 21 is marked or them 18 states any injury, or other traumatic event,

Lee A. Patterson Woon, Perryville, Md.



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ending physicion and campletely filled in by the corban papers. Pages 1 and 2 should be filed

38 shows any injury, ar ather traumatic event, the

MPORTANT: If them 21 is morked at them

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

or ottending physician.

retoined by the hospital

FOR

STATE OF MARYLAND	Ang	0	5	2	9	0
MENT OF HEALTH AND MENTAL HYGIENE	au)					

DEPART

1	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST	,	MIDDLE		LAST	2e. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1,		ner	6	ester	L	3011		2	13 85	7:12 AM
3. SE			4. RACE		S. DATE		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
	mole		Whi	te	MONT	DAY YEAR 32	52	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE   STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY			
	Marylan	ıd	U	SA	WIDOWI		Ho	r-ford	Co.	MD.
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSII		OR OTHER INSTITUTION	12a USUAL OCCUPA		126. KIND (	OF BUSINESS OR
	FAllston			1-1 0		losp.	Aerospac	er		ospace
USU 13a.	AL RESIDENCE (IF NURS	136 COU		GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CO	O.C.	21050
	Md.	-	rford	Forest	Hill	YES NO NO	254 E. J			
14 F.	ATHER'S NAME		AND DUE	LAST		15. MOTHER'S MAIDEN NA				
1	Gordo	n D.	Ball	LAST		Nann	ie Belle	Blev	rins ^	51
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	25 <sup>4</sup>	Ess. J	arrett	sville R
	Yes	Kor		213-30	-923	Leona L.	Ball, Fore	st H	111, M	D 21050
	18. CAUSE OF DEAT PART I. DEATH W	H (Enter o	nly one couse per	line for (a), (b), ar	nd (c)				APPRO) BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	PARTI. DEATH W		TE CAUSE (0)	CARDIZ	PPUL	MONARY;	ARREST		1 / t	tour
			DUE TO, O	R AS A CONSEQU	ENCE OF	, , , , )				,
	Conditions, if ony		(dı )	HYPD	72L	DION	REFERE		UNL	NOWN
	gove rise to improve couse (o), static	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF		0		11121	/
	underlying couse	lost.	( (c)	GASTR	DIN	1851/NAC	- BLDOD L	-055	uni	DOWN
z	PART 2. OTHER SIGN		^ · ·		DEATH BUT	NOT RELATED TO THE TERM		ADITION G	EIVEN IN PART 1	10
110	THEIL	RID		RD77C	PZS	IN WAS PERFORMED	ASCULAR.	UL	3 2475	100 1100
CERTIFICATION	19a DATE OF OPERA	POZ	- 1/A			USIUS DISEAS	20a AUTOPSY?	IN CERT	TIFYING CAUSES	
ERTI	21g. ACCIDENT WAS UNI	DEPLYING F	21b, TIME C		·	121c HOW INJURY OCCUR	YES NO		YES	но 🗌
	OR CONTRIBUTING		7100100 1	M. MONTH D	AY YEAR	THE HOW INJORT OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18	8 PART I OR PART 2]	
MEDICAL	21d. INJURY OCCUR			M. OF INJURY	19	211 LOCATION				
ME	WHILE TO NOT WE	-11LE		REET, FACTORY, OFFICE.	FARM, ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
	22a.l certify that (1)		ital) attended th	a decented from	2-	17 182	PRE	5 00	6 35	about the form hand
	sow the deceop	ed alive or	2-1	19 2	35	nd that in (my) ( oo) opinion	death occurred on the	date and he	our and from the	couses stated
- 11	22b. SIGNATURE	did y	view the body	ofter deoth.		DEGREE	/	-		SIGNED
	dalar	-	5 10	in un	0-	ATTENDING .	MEDICAL STA		7 -	13-01
	22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT)		1	PHYSICIAN 220 ADDRESS	DIRECTOR   PHTS	CIAN		3 6 7
	C. 8	17	DUES	M.D.		1810 RS	IATO R	NE	-4100	2046
23a. I	BURIAL, CREMATION,	REMOVAL	122h DATE	7 236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	<u> </u>	ALLO	7 10
	(SPECIFY) Buria		Feb.	17.		r Memorial	Bel Ai	r. H	larförd	· MD
24 F	UNERAL DIRECTOR		Sec	ond at	Fran	klin St. 25a DAI				
J.	J. Hart	enst	ein Ne	w Freed	om,	PA 17349 FE	B 1 5 1985	1. Piart	Davidson-A	andell.

DHMH - 16 50M 4/83 (VRA 15, 4)

For the second of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, por should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page resoured by the haspital or attending physician.

	STATE OF MAI
FOR	DEPARTMENT OF HEALTH A

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0	5	the	7	1	

Ι.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	
	CEASED NAME FIRST	WIDDIE		AST		MONTH DAY YEAR	26 HOUR
LIANS	CARC	LINE M	ARIE BA	SSLER	PEL	3.16.1985	41
3. SE)		4 RACE	5. DATE O	OF BIRTH	6 AGE   IN YEARS LAST BIR		IF UNDER 24 HRS
	FEMALE	WHITE	MONT		88	MONTHS DAYS	HOURS MIN
7a Bl	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	- D NEVER MARRIED 5	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
Man	ryland (o. mo.	U.S.A.	WIDOWI	D NEVER MARRIED,	Harford	County	M
	ITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. KIND O	BUSINESS O
BC	LAIR, MD	BACC	ITY, GIVE STREET ADDRESS)		Telephone	Operator Tel	e. Co.
	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION)	1134. INSIDE CITY LIMITS?			-
			gewood	YES NO K	601 Sorrel	lwood Ct. 21	040
14. FA	ATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN			
100	CHARLES'S	B	BASSLER	ELIZAE	BETH	me G	LOCKI
	WAS DECEASED EVER IN U.S. A			17 INFORMANT	ADDR	ESS 21040	
(,	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	2-05-1951	Theresa L.	Hartman 601	Sorrelwood C	t.
	18 CAUSE OF DEATH (Enter o			,	~		MATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY:	LAN CATOMA	hunges	MAREN		HADET AND DEAS.
	IMMEDIA	TE CAUSE (o)	110000	0.	7 7 7 1		
-		DUE TO, OR AS A	CONSEQUENCE OF	10 /			
	Conditions, if any, which	( (	with a	ecromo osio	-		
	gove rise to immediate	(b)	1				
	couse (o), stating the	DUE TO OR AS A	CONSEQUENCE OF	-			
	underlying couse lost.		Und lent	e and t	vacula de	el mai	
		(c)	- 0-7				
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 110	
CERTIFICATION	A DAYE OF ODDRAYION	IN CONDITION	FOR WALLEY ORFRATIO	ALLWAS DEDCODATED	DO AUTOREY?	TOOL IS VES WEDE SINION	CCHCED
2	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	
E		100000			YES NO	YES 🗌	NO 🗌
E E	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART T OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	71111	MONTH DAY YEAR				
MEDICAL	IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF IN.	19	211 LOCATION			_
ME	WHILE NOT WHILE		CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
	AT WORK AT WORK		AA	4	0 700	1 00	
	22a.l certify that (I) (this hasp		eosed from	, 19	) 10 FEI3-1	0 1985	hot (I) we lo
	sow the deceased alive or above, (1) (we) (did) (dust h		19	nd that in (my) (por) opinio	on death occurred on the d	ate and hour and from the	couses stated
	226. SIGNATURE	, A.		DEGREE		22c. DATE	SIGNED
				ATTENDING	MEDICAL _ STA	· 5.00	
	Low	Oxun	1				16 19
	Son	OR PRINT)	101	PHYSICIAN	DIRECTOR PHYSIC		.16,19
	22d. PHYSICIAN'S NAME (TYPE	11	A				16,19 md. 214
23a B	22d. PHYSICIAN'S NAME (TYPE	OTEYZ	123¢ NAME OF C	220 ADDRESS	trime Pik		16,19 hd. 214
	BURIAL, CREMATION, REMOVA	O TEYZ	23c NAME OF C	220 ADDRESS 1/3/BW	Trum Pik	Bel Air	16,19 hd. 210
(	BURIAL, CREMATION, REMOVA  SPECIFY)  Burial	OTEYZ	23¢ NAME OF C	220 ADDRESS 1/3/Bull EMETERY OR CREMATOR Park Cemeter	PHYSIC PH	Bel Air	16,19 hy. 219 Marylar
24 FL	BURIAL, CREMATION, REMOVA	23b. DATE 2/19/85	Loudon 2122	PAYSICIAN 220 ADDRESS 1/3 / Ball 220 EMETERY OR CREMATOR Park Cemeter 250 D	PHYSIC PH	Bel Air	Maryla

DHMH - 16 50M 4/83 (VRA 15, 4)

Notice of the second se COLUMN CONTRACTOR OF THE PROPERTY OF THE PROPE envision attended at the Antick Column The state of the s

Dundalk, MD. 21222

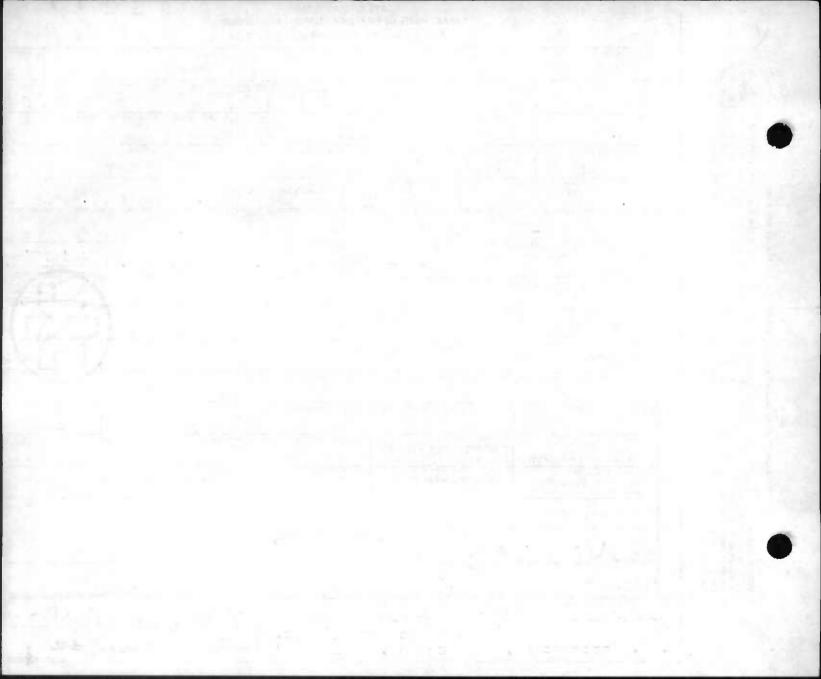
(VR A15 ME (5))

7922 Wise Avenue

STATE OF MARYLAND



STATE OF MARYLAND



TENDING PHYSICIAN: The low

TO HOSPITAL

1 -	FOR STATE REGISTRAR	
DE	CEASED NAME	FIR
TYPE	OR PRINT!	_

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				Lat	

	REGISTRAR				CEKTIF	ICATE OF DEATH	REG, N	0	133	0 tur
	CEASED NAME	FIRST	- /	MIDDLE	l.	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
(ITP)	ORPRINT	Raymon	1	Norton	7	Bent	J.	6. 10	1985	7:20 5
3 SE	X		RACE	10110	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	Male	3.9	Whit	te	Oct.	at sand	69	YRS	DATS DATS	HOURS MIN
	RTHPLACE (STATE OR F	FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? B	D MEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	F DEATH	
	ebraska		USA		WIDOWE		Har	for 1		MD.
	ITY OR TOWN OF DEA	ATH 1	1. NAME OF		JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Ha	MRE de Gr	ace +	Harfor	& Me	- 1	tospital	Dispatcher		US Go	v't.
	AL RESIDENCE (IF NURS	ING HOME OR OF		GIVE RESIDENCE		1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	arvland	Harfo			hville	YES NO TO		ville	Rd 21	028
_	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
	Luther	. MI	DDLE	Bent		May	WIDDLE		Plat	et.
160 \	WAS DECEASED EVER	IN U.S. ARMI	ED FORCES?		SECURITY NO.	17 INFORMANT	ADDR	SS,		
- (	YES, NO W UNKNOWN)	(IF YES, GIVE V	A OR DATES)	217-0	0_0817	L. Marie Ber	at 2928 Chur	chvill	e Rd	1050
<b>=</b>		/	n			I De L'arte Der	10 2/20 GIG	CITATIT	APPROXI	IMATE INTERVAL
	18 CAUSE OF DEAT	AS CAUSED	ane cause per BY:	As -	elio 1	Haut	21 01	10.17	BETWEEN	ONSET AND DEATH
		IMMEDIATE	CAUSE (a)		10	1	7 00	1001		
			DUE TO, O	R AS RCONS	EQUENCE OF	1.	9 7	-		
	Conditions, if any, gave rise to imm		(b)_	Chris	near	- Occord	person	ww		
	couse (a), statin	ng the	DUE TO, OF	RAS A CONS	EQUENCE OF	111.			100	
	underlying cause	last.	10-	Mu	et	The war				
. 5	PARKS OTHER SIGN	WIFICANT CO	NOTIONS CO	ONTRIBUTING	TO DEATH BUT	MOT RELATED TO THE TERM	INALDISEASE OR CON	DITION GIVEN	4 IN PART 10	2
CERTIFICATION	Varial	ule	0	Cer	elici	1 unface	7			-
CA	IN DATE OF OPERA	TION	MP COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED	78s AUTOPSY7		WERE FINDING CAUSES	
#			17 100				YES NO	YES		NO 🗆
CER	210. ACCIDENT WAS UND		216. TIME O		I DAY YEAR	11c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	(T I OR PART 2)	
4	OR CONTRIBUTING		P.		DAY TEAR					
MEDICAL	714 INJURY OCCUR		71e PLACE	OF INJURY		211 LOCATION			COUNTY	STATE
ž	always D Prima	T T	JATI HOWE, STR	HET, FACTORY OF	FFICE, FARM ETC )	STREET	CITY OR TO	IWN	COUNTY	STATE
	27x 1 certify that ib	-	attended th	g deceased fo	rom	. 19	to		9	that (1) (we) last
	sow the degrou	ed ofiver on _	- /	7		nd that in (my) (our) opinian	death occurred an the d	ate and haur o	and from	couses stated
	above, (I) 0441 (c 37h SIGNATURE	fid Negrigh)	rierw thortogray	after death.		DEGREE			122 DATE	SIGNED
	X	1/ Chi	D ()	1 -		ATTENDING	MEDICAL STA		110	1
	72d PHYSICIAN'S M	AME ITYPE OR F	RINT)			172 ADDRESS	DIRECTOR PHYSIC	IAN	-	-
40	1/1/1		/	6	195	Cuin/A	10 Hran	= 0=	Conse	= MV.
-	V. IAMA		AN.D	. 0	1 1	1/w. ov 100	A. / YHOIL		7,0	77-76
	BURIAL, CREMATION,		23b. DATE	3005	IJC. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	Uanta	COUNTY MOS	arl and
	Burial		Feb.14	1905	Harior	1 remortal Gd	is Aberdeel	nario	ra, ria.	'y Lanu

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exam

(VRA 15, 4)

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399FEB 19 1985 Julie Davidson Res

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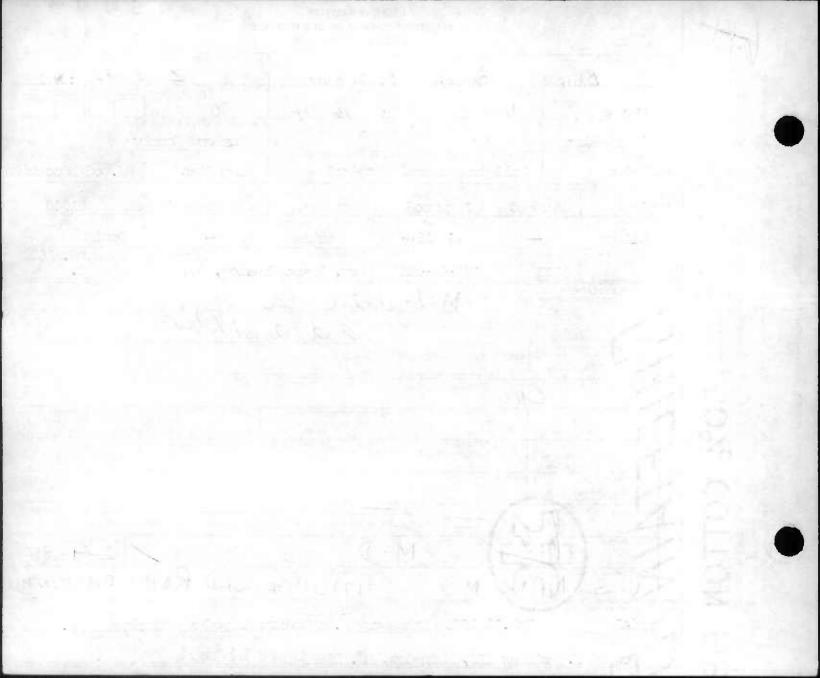
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5	BIRTHPLACE (STATE OR FO		WHAT COUNTRY?	MARRIED NEVER		9 BALTIMORE CITY O	_	DEATH	
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130 Ma	aryland	ng home or other institution 13b COUNTY Harford	13c. CITY OR TOWN  Edgewoo	d YES X	NO []	13e STREET ADDRESS 2045 Starr	ZIP CODE Street	210	)40
20	Wiley	WIDDIE	Blackb		s maiden nam rtie	MIDDI E		Davis	
	(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)  WILL	166 SOCIAL SECU 244-14-2			Hav ruslow, 804		ette St.	
y, or other troumotic	Conditions, if ony, gove rise to imm couse (o), stoling underlying couse	which dediote lost.	OR AS A CONSEQUE	an	a a	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

or offending physicion.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours at with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT, If Hem 21 is morked or Hegs 18 shows

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FOR

## STATE OF MARYLAND

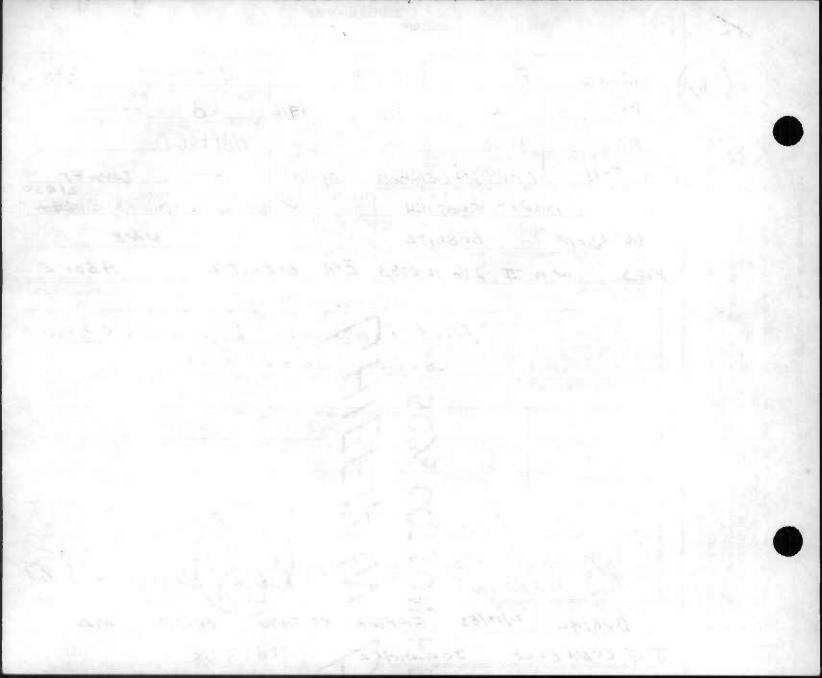
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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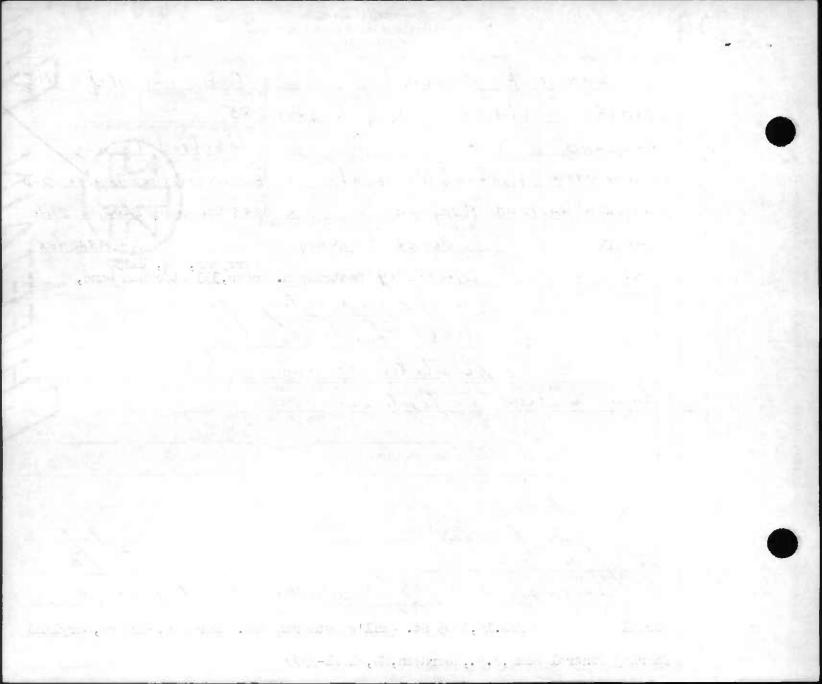
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SE		4.1	RACE	)	5 DATE C		1916	6 AGE (IN YEARS LAST BE		FUNDER LYEAR	IF UNDER 24 HRS
	RTHPLACE (STATE ORF	ORFIGN 7b	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER A	ARRIED -	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	MD		USE		WIDOWE	D D D	ORCED	HARFO	RI)		MD.
10 C	ITY OR TOWN OF DEA	тн [11		HEACILITY GIVE STREET		ROTHER INST	ITUTION	128 USUAL OCCUPAT			OF BUSINESS OR
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14- 1	VAS DECEASED EVER	DIV ABAG	D FORCES?	166 SOCIAL SECU	Z IDITY NO	17. INFORMA	NIT	ADDR		K	
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-	FES	wn			0883	2.11	Del	1011 -			
	PART 1. DE ATH W.	H (Enter only only only on AS CAUSED B	one couse per SY:	line for (o), (b), on		Frai	aus	est-		BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE (				o car					
	Conditions, if any,	udrich (	DUE TO, OI	R AS A CONSEQUE	NCE OF	char	neel	Verson	cialis	J-3-	I and.
	gove rise to imm	rediote	(b)	R AS A CONS OU			1	. 57			/
	underlying couse		DUE 10, OI	R AS A CONSTITUT	ele	en	lear	1. Drue	21		
	PART 2. OTHER SIGN	IFICANT CON	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
O.											
CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
CERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU			
	OR CONTRIBUTING C			M. MONTH DI M.	AY YEAR						
WEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	9.5-	211 LOCATIO	N	CITY OR IC	NA/NI	COUNTY	STATE
×	WHILE NOT WH	ILF C	(AT HOME STR	REFT, FACTORY, OFFICE, F	ARM FTC }	SIKEEI		CIII ON IC	WIT	-	SIRIE
	22a.1 certify that (1)	(this hospital)	ottended th	e deceosed from_	1	1/8	, 19 8 5		//10	,85	that (1) (we) lost
	sow the decease obove, (1) (we) (d	id flive on	new the body	ofter death.	83.00	nd that in (my)	(our) opinion o	deoth occurred on the d	ote and hour o	ond from the	couses stated
	226. SIGNATURE	1.	<i>p</i> 7	1		DEGREE	TTENDING	MEDICAL STA	rr	22c. DATE	SIGNED
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	22d PHYSICIAN'S NA		RT1	NS		22e. ADDRES	Fa	elston 5	enu	e Ho	spilal
	BURIAL, CREMATION,	REMOVAL	236. DATE 2/14	23c 1	NAME OF C	EMETERYOR	REMATORY	23d LOCATION		COUNTY	STATE
	BURL	AL	2/14	185 G	ARA	ENS E	F FAM	W BAL	70,	M	٥
24 FI	UNERAL DIRECTOR			ADDRESS			250 DATE	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	TURE
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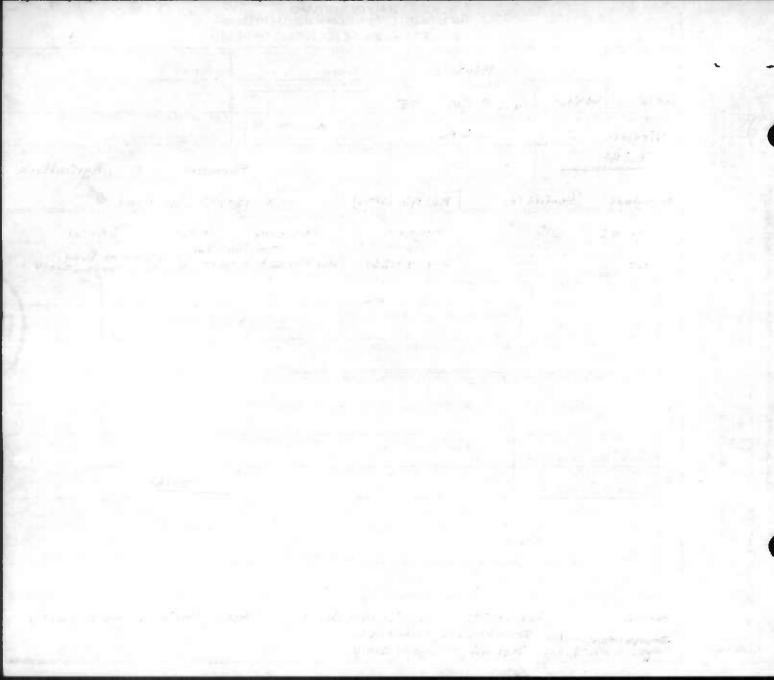


MARYLAND 2120

STATE OF MARYLAND



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	I. DEC	EASED NAME	FIRST		MIDDLE	LAST	28. DATE KNOWN OF ESTI-	MONTH E	DAY YEAR 26 HOUR
ASE DR. ES. JRS			Claude	e Elu		Boyer	DEATH MATED	□ 2 1	19 19 85
TO THE FUNKRAL DIRECT TO THE FUNKRAL DIRECT TO THE FOR YOUR PILE BE FILED, WITHIN 72 HOU SS. 201 W. PRESTON STRE	3. SEX	YE ,	RACE White	April 18,19	YEAR LAST BIRTHDAY) MI	UNDER 1 YR. IF UNDE	MIN. PRONOUNCED DEAD		19 1985 24 HOUF
W. PRIST	FORE	THPLACE (STATE		76 CITIZEN OF WH	A MA	RRIED X NEVER MARI		_	OF DEATH
PAGE SE FILED	0	Church	ville	1204 S	PITAL, NURSING HOME, OR C ILITY, GIVE STREET ADDRESS) Chucks Road	OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	(TYPE OF WORK 126	OR INDUSTRY
SCENE STATES	13e. ST.		IN NURSING HOME OF	ITY	13c. CITY OR TOWN  13c. CITY OR TOWN  13cl Att (21014)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Dond o	21014
ION DE VITALIRECORDS	0	HER'S NAME FIRST SAMES	Ell	MIDDLE S	Boyer	15. MOTHER'S MAID	EN NAME	DA	w; €/
DIVISION	16e. W.	AS DECEASED I	EVER IN U.S. AR.	MED FORCES? WAR OR DATES}	214-14-1261	Mrs, mabel	E. BOYET BH	ESS Schucks Air, Mann	Road 21014
F. PENDING: "IN PENCIL IN F. MEDICAL EXAMINER AI SED AS A BURIAL - TRANSIT HEALTH AND MENTAL HY AL, CREMATION, OR REMO  J		lying couse	IFICANT CONDITIONS	(c)	AS A CONSEQUENCE OF	EASE OR CONDITION GIVEN IN P	ART 1 (d)		
AE CHIEF ASE USED SE U	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?  YES □ NO ☑
DEPARTMENT OF THE BUSINESS OF		210 EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR CAUSE OF	21b. TIME OF HOUR AND DEATH P.M.	MONTH DAY YEAR	HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM	M 18 PART 1 OR PART 2	41
A A A	ă	WHILE AT WORK	CURRED	21e PLACE O		LOCATION' STREET	CITY OR TOWAL =	COUNTY	y STATE
ATH, WITH THE STA		27e I certify deoth resulted ACTUAL SIGNATURE	1	ge of the remains descriptions in the second	ribed above, held on Au Accident ], Suicide	topsy , Inspection , Homicide , TITLE (SPECIFY)  M.D. ASSISTAT	Undetermined monner	ond in my opinion,  DATE SIGNED	2/20/85
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: N AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S N TYPE OR PRINT	)		Kauffman,M.D.		Penn St.	Balto,	Md.
(8) A 2 2 2	BA	res al		FEb. 23,1985	mt, Zon me	th. Ch. CEM.			Amon 21014
DHMH - 17 R A15 ME (5))	-24	NERAL DIRECTO	Le Frales		drong & williams St Maryland 21011		5 PR 66 M M	Davidson A	andell



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and canould be detached for use as the burial-transit permit. Then please remove carbonpapers-Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

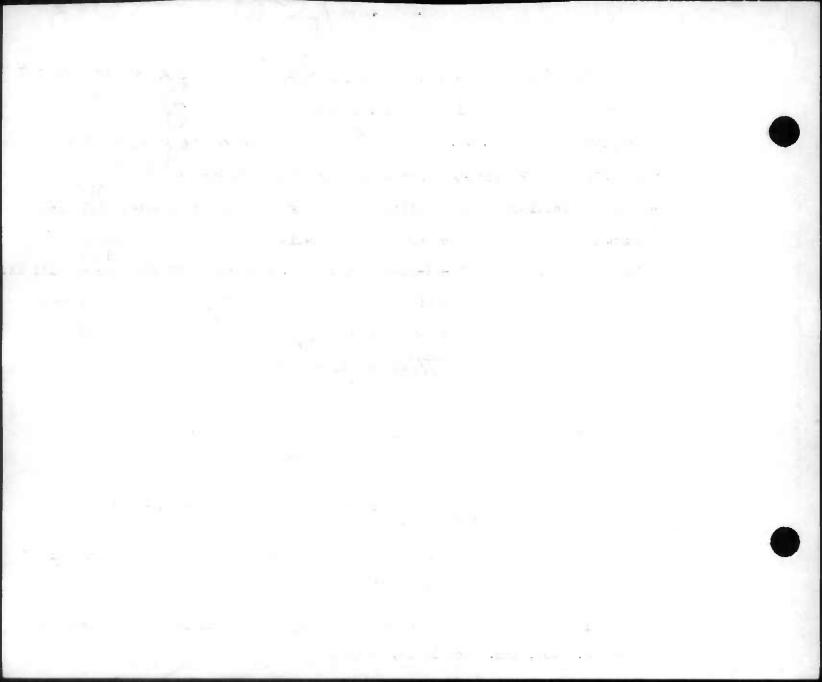
WHORTANT: If them 21 is marked or Item 18 stores any injury, or other troumatic event, the medical

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

neral director, page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYG

1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE REG. NO.	05306
	CEASED NAME FIRST	E) 8	LIZABET		BLEEBACK	20. DATE OF DEATH MONTH	25 85 405 A
3. SE	x Female	4 RACE	White	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	# UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
7a BI	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	U	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COL HARFORD	UNITY OF DEATH
1	FALLSTON	FALL	CH FACILITY, GIVE STREET	EDEL)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	
13a. S	AL RESIDENCE (* NURSING HOME O STATE 134 COU Maryland Bal	other institution hty timore	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Jarretsv	VN	13d. INSIDE CITY LIMITS? YES NO		21084 deral Hill Road
14. FA	ATHER'S NAME August	WIDDLE	Schwa	ırz	15. MOTHER'S MAIDEN NA FIRST <b>Katie</b>	MIDDLE	Wolper
16a. V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	212-01-		Rudolph H.	Breeback 4038	21084 Old Federal Hill
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one couse pe ED BY: TE CAUSE (o)	r line for (a), (b), or Oscil	eui	Cardin	opothy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	Conditions, if any, which	DUE TO, C	OR AS A CONSEQU	JENCE OF	HSCVD	/ / /	year
	couse (a), stating the underlying couse lost.						
NOIL						minal disease or condition	
CERTIFICATION	190 DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	YES NOT	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
MEDICAL CE	71g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A	DFINJURY I.M. MONTH D I.M.	AY YEAR		RRED CENTER NATURE OF INJURY IN ITE	w 18 PART I OR PART 2)
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CIT-OF-IQW4	COUNTY STATE
	22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did no		W24 19	15.0	nd that in (my) (our) apinion	death occurred on the distributions	hour and from the causes stated
	27b. SIGNATURE	Wa.	m		DEGREE ATTENDING PHYSICIAN)	MEDICAL STAFF DIRECTOR DPHYSICIAN	2/25/85
	224 PHYSICIAN'S NAME (TYPE	PRINT)	L. VA	SSAN	22e ADDRESS	`	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	rab. DATE			emetery or crematory od Cemetery	23d LOCATION CITY OF TOWN Baltimor	e Maryland
24 F1	uneral director Leonard J. Ruc					TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE



07/84 25AA

**DHMH - 17** (VR A15 ME (5))

24. FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md.

Burial

Feb. 8.1985

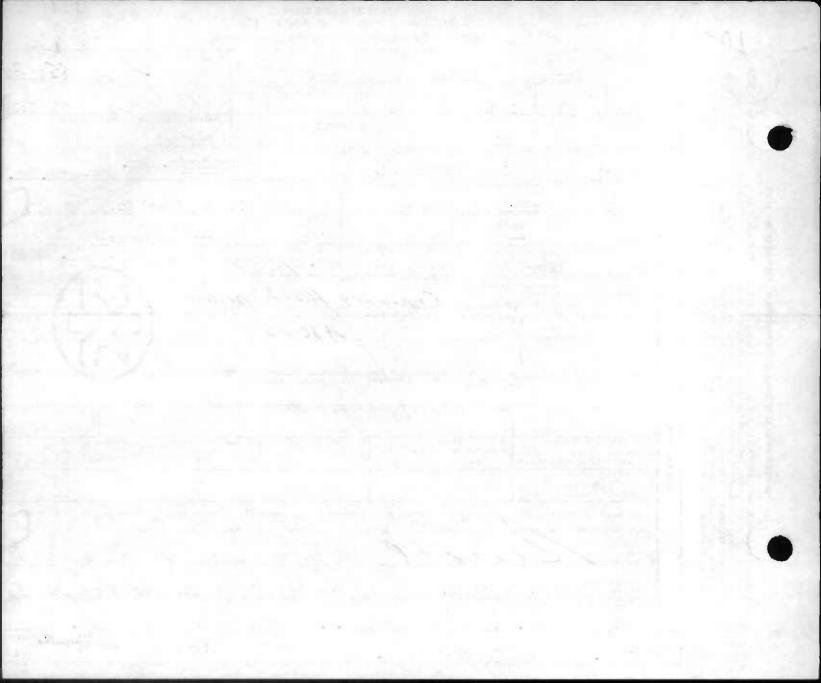
Tabernacle U.M. Cemetery Fallston

23d. LOCATION

Md.

Harford

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1985



	500				UFMAKTLAND	8 3	U.	2 0	A	
1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	10. 0	530	18	
	CEASED NAME FIRST		MIDDLE	i.	AST	20 DATE OF DEATH	MONTH 0	DAY YEAR 26 HOUR		
(TYPE	NELSON	)	ames	(	JALDWELL		2 1	2 85	470 N	
3 SE)	X	4 RACE	J	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS	
Male		Whi		Oct. 2, 1912		72	YRS	ONTHS DAYS	HOURS MIN,	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED		9 BALTIMORE CITY	9 BALTIMORE CITY OR COUNTY C			
	w Jersey	U.	S.A.	WIDOWE		HARFO	ORU		WD	
10 SI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR	
E	AUSTON	FALL	STON GE	A3U	al Hospita		maker		. Stee	
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COL	rother institution inty	13c. CITY OR TOW Street		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1541 Sun	/ ZIP CODE shine	Dr. 2	1154	
14. FA	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME				
	James	MIDDLE	Caldwel	17	Agnes	WIDDLE		Scharn	lagi	
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR		2115		
- ()	NO (IF YES, G	IVE WAR OR DATES)	213-12-6	9582	Margaret	Caldwell	15/1		_	
									MATE INTERVAL	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.									
	IMMEDIATE CAUSE (0)									
	DUE TO, OR AS A CONSEQUENCE OF V									
30	Conditions, if ony, which gove rise to immediate	(b)_		100				6	1	
	couse (a), stating the underlying couse last.	DUE TO,	OR AS A CONSEQUE	NCBOF/ )	2			lu	volle.	
	bliderlying coose lost.	( (c)_		UH	7 .					
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR COM	ADITION GIVI	EN IN PART I 10		
CERTIFICATION	190 DATE OF OPERATION	196 CONI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED	
FF		44 CB				YES NOX		YING CAUSES	OF DEATH?	
8	210. ACCIDENT WAS UNDERLYING	216. TIME	OF INJURY		21c HOW INJURY OCCUR					
	OR CONTRIBUTING CAUSE OF D	HOUR A	HOUR A.M. MONTH DAY YEAR							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		P.M. OF INJURY	19	21f LOCATION					
WE			TREET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR T	OWN	COUNTA	STATE	
	AT WORK NOT WHILE			-	1	7.1	2	11		
	220.1 certify that (I) (this has		11	FT	19		1 . 11	19_0	that (I) (we) last	
	sow the deceased alive a above, (1) (we) (did) (did r	ot) view the bod	yloiter death.		d that in (my) (our) opinion	death occurred on the	dote and hour			
	226. SIGNATURE	. 11	1	1	DEGREE			22c. DATE	SIGNED	
	GC.	erhl	Jane		ATTENDING PHYSICIAN	DIRECTOR PHYS		12/2/	195	
	226 PHYSICIAN'S NAME (TYPE	OR PRINT)		2	22e ADDRESS					
23n P	BURIAL, CREMATION, REMOVA	L 23b DATE	[23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Cremation		, 1985 G			Baltimo	re	COUNTY	Md.	
24 EI						TE REC'D. BY REGISTRA		RAR'S SIGNATI		
	BERTECE ALTI				, TIVC.	1 1005	, , , , ,			
OU	09 Harford F	d., Ba	ITTO., MO	1. 4	21214	1 500		· ·		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The low

Dot. 2, 1912 191 FLAST SHEET - ...... Association to the state of Education (INT) and the Late of Contract of the Winds Added the series of the series PARTIES -Significant for the second of the second sec

Creunizen Reigh 1985 Green Hound

executed within 24 hours often

requires that the death certificate be

ATTENDING PHYSICIAN. The low offending physicion.

etoined by the hospital TO HOSPITAL

in runseral directions. After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or the 18 thou any injury, or other troumotic event, the medicolescom

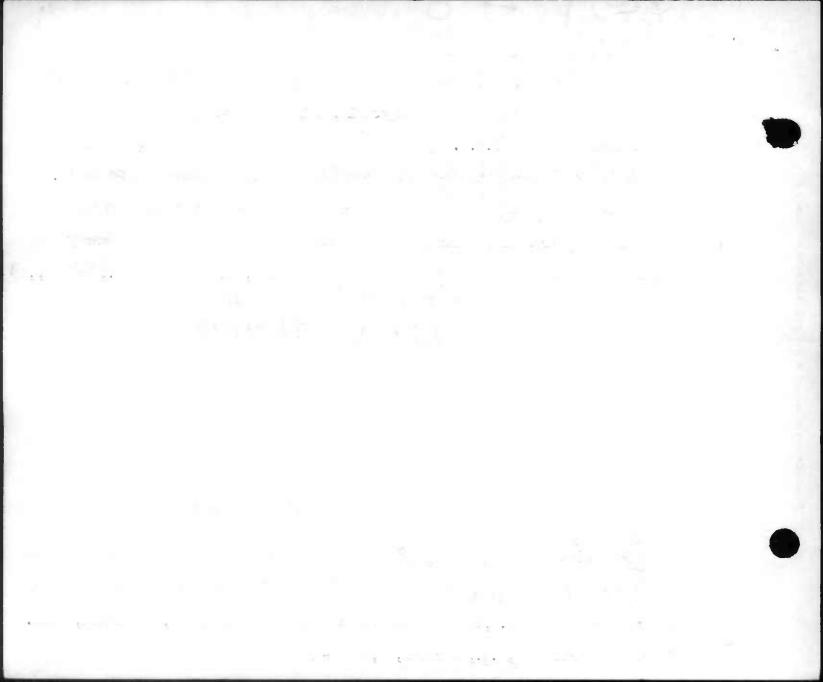
	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 5 0	5 3 0 7
		CEASED NAME FIRST JOSEK	oh Patrick	A	ardiff	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 435 M
	3. SEX	Male	RACE White	5. DATE O MONTH Augus	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  65 YRS.	IF UNDER T YEAR IF UNDER 2 MRS. MONTHS DAYS HOURS MIN.
6	- 0	OUNTRY)	CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Marchand
6	10. CI	ennsylvania TY OR TOWN OF DEATH III	NAME OF HOSPITAL, NU	JRSING HOME O	- hand	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
6		AL RESIDENCE (IF NURSING HOME OR OT TATE 136 COUNT)		BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COD	21001
1		Martin Fra	410-40	diff	15. MOTHER'S MAIDEN NAME OF THE ST	WIDDLE	Conroy
/		VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE V		0-3148	17. INFORMANT  Eleanor Cardi	ADDRESS ff, 426 Bernice	21001 Terr. Aberdeen MD
		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	SEQUENCE OF		MUR INAL DISEASE OR CONDITION GI	VEN IN PART ITO
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	IN CERTI	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  ES \( \) NO \( \)
1	MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	214 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART   OR PART 2)
	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OF		STREET	CITY OR TOWN	COUNTY STATE
		22e.1 certify that (I) (this hospito sow the deceased alive on obvev. (I) (we) (did) (did not)	2-6	.19	DEGREE	death occurred on the date and ha	19, that (I) (we) lost our and from the couses stated
		22d/PHYSICIAN'S NAME (TYPE ORF	MON A	(21L	HAVOL C	& Grace,	Nel 21072
		BURIAL, CREMATION, REMOVAL SPECIFY) OVAL/BURIAL			emetery or crematory	Shenandoah, Sc	huyikill, Penna.

Annunciation Cemetery Tarring Funeral Home, P.A., Aberdeen, MD, 21001-33 9FEB 1 1 1985

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

(VRA 15, 4)



STATE OF MARYLAND	14
DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
CERTIFICATE OF DEATH	In DATE

1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE REG. N	10.		
	CEASED NAME FIRST	1 O MI	DDLE		AST	20. DATE OF DEATH		AY YEAR	26 HOUR
{1179	Clem	ent Ba	rbara	Cec	drone	Feb. 2	0.198	5	8:10 A M
1. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE		ONTHS DATS	IF UNDER 24 HRS
	Male	White		Apri		72	YRS	ONTHS DATS	HOURS MIN.
7 a. ff	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?		**	9 BALTIMORE CITY		OF DEATH	TELEVICE I
	Italy	US	A	WIDOWE		HARTO	rd		MD.
10. C	ity or town of DEATH		FACILITY, GIVE STREET		DROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Foreman		INDUSTRY	ructin
11u	AL RESIDENCE (IF MURSING HOME 13b CO Har	UNTY	ive residence befor 3c. CITY OR TOW Aberdeer	/N	13d INSIDE CITY LIMITS? YES MO	13e.STREET ADDRESS 916 Barnet		210	01
14.F	James V	incent	Cedro	ne	15. MOTHER'S MAIDEN NAME DOMENIC	a.		Cucchi	r
	WAS DECEASED EVER IN U.S. HOOR UNKNOWN) (IF YES,	GIVE WAR OR DATEST	66. SOCIAL SECU 160–18–6		Esther E. Ce	drone, 916 H	MD,210 Barnett	001 e Lane	, Abe rdeen
NOI	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR  DUE TO, OR  DUE TO, OR  DUE TO, OR	AS A STOP SECON	ence ob	OL STO	POSIS INAL DISEASE OR CON	ndition give	N IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO♥	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED  NOT WHILE ALWORK  220 I certify that (I) (this has saw the deceased alive obove, (I) (we) (did) (did)  NATURE  220 PHYSICIAN'S NAME (TY)	P.M.  21e. PLACE O (AT HOME STREE	FINJURY T. FACTORY, OFFICE I	#	d that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN D  22e, ADDRESS	102/20	date and hou	country	state that (I) (we) lost causes stated
	BURIAL, CREMATION, REMOV	AL 23b. DATE Feb.23			emetery or crematory r Memorial Gd	23d LOCATION CITY OR TOWN  Bel Air	Harfo	county rd, Mar	yland

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT, If here 21 is TO FUNERAL DIRECTS should be detuched to with the Stote Dept. of

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-33 99 Ct Z 5 1985

201 J. 191 the contract of the second of 

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

etained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

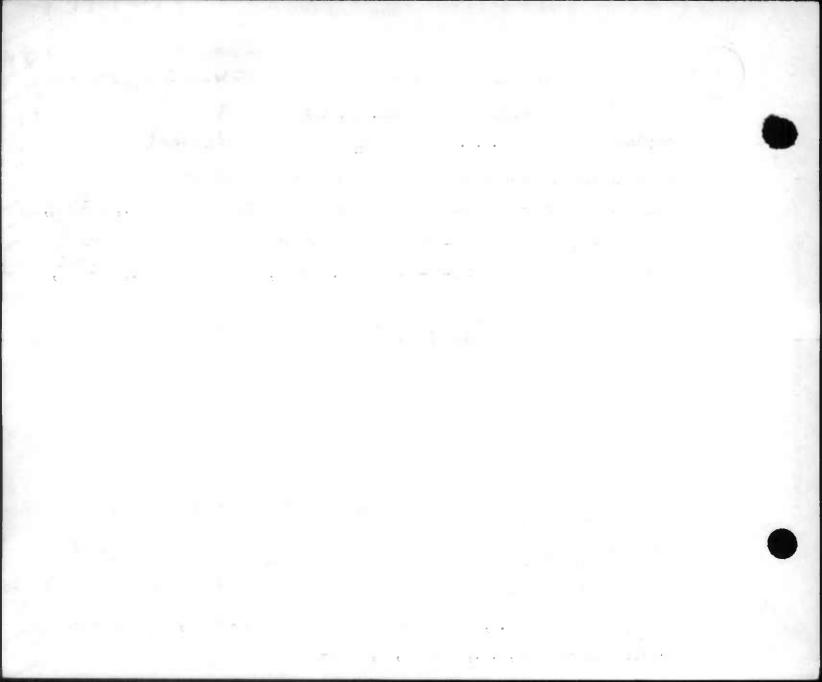
ge 4 moy be

STATE OF MARYLAN	D

1 -	STATE REGISTRAR			DEPA		ICATE OF DEATH	REG.	NO.		
I. DE	CEASED NAME	FIRST	^	AIDDLE		LAST	2a. DATE OF DEATH		DAY YEAR	26. HOUR
	OR PRINT)	11-	(		OL.	1	150	2	1000	2:35
3. SE	<u>, 17</u>	11100	RACE		5. DATE C	DE RIRTH	A AGE (IN YEARS LAST I	IRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HR
3. JL/	^				MONTH	H DAY YEAR	0.7	^	NONTHS DAYS	HOURS MIN
2 01	r		White		Jan	1/1, 189/4	9 BALTIMORE CITY	YRS	OF DEATH	
/a. BI	IRTHPLACE (STATE OR I	FOREIGN /b		WHAT COUNT	MARRIE	D NEVER MARRIED	BALTIMORE CITY	OK COUNTY	OFDEATH	
			U.S		WIDOW		HAR	tord	1	٨
10 CI	ITY OR TOWN OF DEA	ATH 11		HOSPITAL, NUF H FACILITY, GIVE ST		OR OTHER INSTITUTION	12a USUAL OCCUPA ITYPE OF WORK FOR MOS		126 KIND OF INDUSTRY	BUSINESS
He	sure de GR	Acc	Harfo	ind M	emoria	Hospita	Homemaker			
USU/ 13a. S	AL RESIDENCE HE NURS	1136 COUNTY	HER INSTITUTION	13c. CITY OR T	OWN	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2	1001
Ma	ryland	Harfo	rd	Aberde		YES NO	818 Matth		tion (	deen. M
14. FA	ATHER'S NAME FIRST	MIC	DOLE	LAST		15 MOTHER'S MAIDEN N	IAME MIDDLE		LAST	
	Edmund	PACAL.	JOIL	Gallu	ip qu	Florence			Osbor	n
	WAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMANT		RESS		
'	yes, no or unknown) <b>No</b>	I IF YES, GIVE W	VAR OR DATES)	215-34	-5065	Chas. Jacobs	818 Matthe	ws Ave	Aberd	001 een MC
	18. CAUSE OF DEAT	H (Enter only	one cause per	line to (0), (b)	, and (c).1	0 1	0. 0:		APPROXIM BETWEEN OF	ATE INTERVAL USET AND DEAT
	PART I. DEATH W	/AS CAUSED I		Carry.	poce	Juli +	- care	na	WIT	
	Canditions, if any gove rise to improve cause (a), statis	mediote ng the	(b)	AS A CONSE	) (	F	- 1h	1.1	cli_ \	
z	gove rise to important cause (a), status underlying cause	mediate ng the e last.	DUE TO, OF	E AS A CONSE	QUENCE OF	Azy Tun	RMINAL DISBASE OR CO	phal NOITION GIV	EN IN PART 1:a	
FIFICATION	gove rise to important cause (a), status underlying cause	mediote ng the last.	DUE TO, OF	E AS A CONSE	OUENCE OF	NOT RELATED TO THE TER	RMINAL DISBASE OR CO	20b. IF YES	EN IN PART TO	
CERTIFICATION	gove rise to imicause (a), statir underlying cause	mediate and the last.  NIFICANT CO	(b) DUE TO, OF ICI DUE TO, OF ICI DUE TO, OF ICI DUE TO, OF ICI DUE TO TO THE T	TION FOR WH	OUENCE OF		200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDING YING CAUSES (	OF DEATH?
AL CERTIFICATION	gove rise to imicause (a), statir underlying cause PART 2: OTHER SIGN 196 DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING	mediote g the e lost.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH	DUE TO, OF	TION FOR WH	QUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDING YING CAUSES (	OF DEATH?
	gove rise to imicouse (a), statir underlying couse  PART 2. OTHER SIGI  19a DATE OF OPERA  21a, ACCIDENT WAS UN	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH (CAL EXAMINER)	DUE TO, OI  DUE TO, OI  DID TO	PAS A CONSE	QUENCE OF  TO DEATH BUT  IICH OPERATIO  DAY YEAR  19	21c. HOW INJURY OCCU	20a AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	, WERE FIND IN. YING CAUSES ( S   ART 1 OR PART 2)	NO [
MEDICAL CERTIFICATION	gove rise to imicouse (a), stating underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d. INJURY OCCUR	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH ICAL EXAMINER)  RED	DUE TO, OI  DUE TO, OI  DID TO	TION FOR WH	QUENCE OF  TO DEATH BUT  IICH OPERATIO  DAY YEAR  19	21c. HOW INJURY OCCU	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDING YING CAUSES (	OF DEATH?
	gove rise to imicouse (a), statir underlying couse  PART 2. OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (# EITHER NOTHY MED)  210. INJURY OCCUR WHILE NOTHY MED AT WORK NOTH NOTHY	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  NRK	DUE TO, OF TO THE TO TH	TION FOR WH  FINJURY M. MONTH M.	QUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19	21c. HOW INJURY OCCU	20a AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	, WERE FIND IN. YING CAUSES ( S   ART 1 OR PART 2)  COUNTY	DE DEATH? NO STATE
	gove rise to imicause (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING  (IF ETHER NOTEY MED  21d, INJURY OCCUR WHILE NOTEY MED  22a.1 certify that (1) saw the depens	mediate ng the ng the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH ICAL EXAMINER  RED  (this hospital ed alive on cause of colors  (this hospital)	196 CONDI  216. TIME O HOUR A.I P.I 21e. PLACE ( [AT HOME, SIR	TION FOR WH  FINJURY M. MONTH M.  OF INJURY eet, FACTORY, OFF	QUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  HICE, FARM, ETC.)	21c. HOW INJURY OCCU	20a AUTOPSY? YES NO NO NATURE OF IN CITY OR	20b. IF YES IN CERTIFY YES	COUNTY	STATE
	gove rise to imicause (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTHY MED)  21d. INJURY OCCUR WHILE NOTW AT WORK NOTW AT WORK  22a.1 certify that (1)	mediate ng the ng the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH ICAL EXAMINER  RED  (this hospital ed alive on cause of colors  (this hospital)	196 CONDI  216. TIME O HOUR A.I P.I 21e. PLACE ( [AT HOME, SIR	TION FOR WH  FINJURY M. MONTH M.  OF INJURY eet, FACTORY, OFF	QUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  HICE, FARM, ETC.)	216. HOW INJURY OCCL 216. LOCATION STREET  19 80  nd that in (my) (aur) apinio DEGREE  ATTENDING	ZOO AUTOPSY?  YES NO D  JRRED (ENTER NATURE OF IN  CITY OR  In death occurred on the	20b. IF YES IN CERTIFYES JURY IN ITEM 18 P. TOWN	COUNTY	STATE  not (f) (we) & access stated
	gove rise to imicouse (a), statist underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTBY MED) 21d. INJURY OCCUR  WHILE NOTBY MED 21d. INJURY OCCUR  WHILE NOTBY MED 21d. INJURY OCCUR  22a.1 certify that (1) saw the decess	mediate mg the m	196 CONDI  216. TIME O HOUR A.I P.I 21e. PLACE ( [AT HOME, SIR	TION FOR WH  TION FOR WH  TION FOR WH  M. MONTH  M.  OF INJURY  EET, FACTORY, OFF	QUENCE OF  TO DEATH BUT  HICH OPERATIO  DAY YEAR  19  HICE, FARM, ETC.)	216. HOW INJURY OCCL 216. LOCATION STREET  19 80  nd that in (my) (aur) apinio DEGREE  ATTENDING	200 AUTOPSY? YES NO DIRRED (ENTER NATURE OF IN CITY OR to	20b. IF YES IN CERTIFYES JURY IN ITEM 18 P. TOWN	COUNTY  OR AND FROM THE COUNTY  COUNTY	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

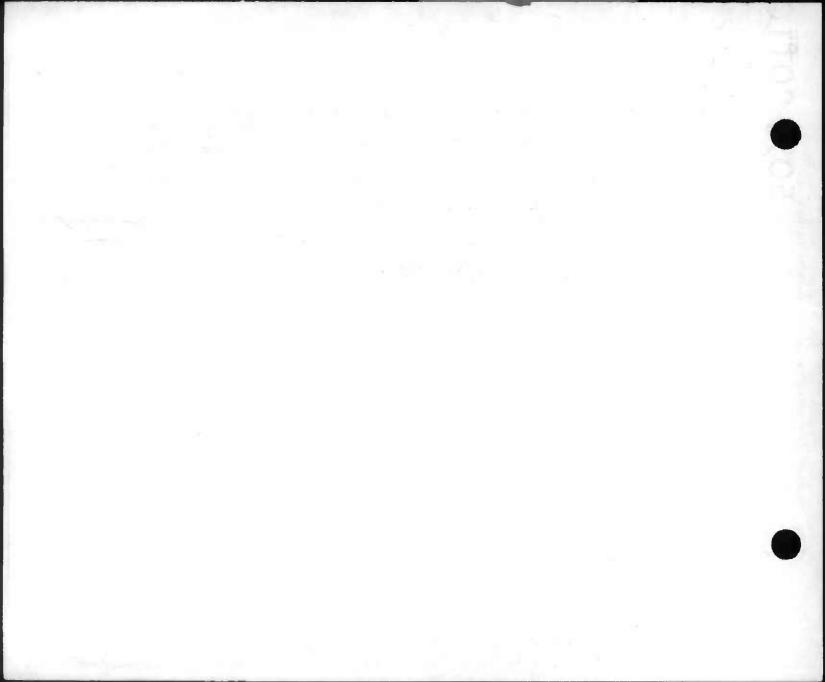
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.			
ı		EASED NAME FIRST	Λ	MIDDLE	Ā 1	AST	20. DATE O	FDEATH	MONTH D	DAY YEAR	26 HOUR	0
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	J. SEX	M	4 RACE	,	5. DATE C		8 9	YEARS EAST BIR		IF UNDER I YEAR	IF UNDER 2	M IN.
5		OUNTRY A	16 CITIZEN OF	what Country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMO	HAR	FOCA	OF DEATH		MD.
	10 CIT	TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET AS		OK OTHER INSTITUTION		OCCUPATION	F WORKING LIFE	12b. KIND O INDUSTRY	FBUSINES	SOR
7	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION		DMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS		99	799	9
Й	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME		/	FORT.	OH	
A		WILLIAM	WIDDLE	LEW E	15	MAR	7	MIDDLE	7	4/19		
7	{Y	AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV W/ VES W W	MED FORCES? E WAR OR DATES)	166. SOCIAL SECUR	11Y NO. 3344	HARRY D	Che	ADDRE	SEL	KTOH	mi	ク
ĺ		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per	line for (a), (b), and	(61)	2				BETWEEN (	MATE INTERV	/AL DEATH
1			E CAUSE (a)	-	Sep	The same of the sa				+		
1		Conditions if any bid		R AS A CONSEQUEN	NGE OF	al Farly	12					
1		Conditions, if any, which gave rise to immediate couse (o), stating the	(p)_	R AS A CONSEQUEN	uce or /			-		1		
		underlying cause last.	(c)_	K AS A CONSEQUEN	cette	e/would	Nec	200	22)			
	NO	PART 2. OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE OR CON	DITION GIVE	EN IN PART 110	0	
	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH C	OPERATIO	N WAS PERFORMED	20s AUT	OPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES		H2
7	CBR	21a. ACCIDENT WAS UNDERLYING	216 TIME C	FINJURY M. MONTH DAY	V VEAR	21¢ HOW INJURY OCCUR						
	CAL	OR CONTRIBUTING CAUSE OF DEA	un .	M. MONTH DAT	19							
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC )	211 LOCATION STREET		CITY OR TO	IWN	COUNTY	51	ATE
		22a I certify that (I) (this haspi saw the deceased alive an		19		nd that in (my) (aur) apinian	, ta death occurre	ed an the d		19, and from the		
		abave, (I) (we) (did) (did no 22b. SIGNATURE	8 wal	constr	. /	DEGREE  ATTENDING PHYSICIAN D	MEDICAL			27c. DATE	SIGNED	
		THE PHYSICIAN'S NAME (TYPE OF	NOW?	Konsk	G M	27e. ADDRESS	N. r.	npin	150	- BE.	2 All	3
	23a. B	URIAL, CREMATION, REMOVAL	236. DATE	185 UE	AME OF C	EMETERY OR CREMATORY		ATION YOUTOWN	SPOR	COUNTY	P	4
	24. FU	NERAL DIRECTOR FOR THE	GNETO	CHECK ALTEN	TEA	ME GITS 250. DAT		- 1	256 REGISTI	RAR'S SIGNAT	URE	
- 1									THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE	No. of	

DHMH - 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REG. NO 20. DATE OF DEATH 2b. HOUR 1985 10:10 2 6 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH HARFORD COUNTY 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farmer Agriculture 13e STREET ADDRESS 1514 Hillside Drive Spalding ADDRESS Md. 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATE OF DEATH REGISTRAR WILLIAM CHASE COALE, SR. TYPE CHEMINE CHASE 4 RACE 5. DATE OF BIRTH 1 SEX Feb. 28, 1896 Male White To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HAVRE DE GRACE CITIZENS NURSING HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI Harford 13d. INSIDE CITY LIMITS? Maryland NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Davis Anna Coale Harry 166. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN) 213-38-7743 Basil W. Coale, Sr., 304 Lakeside Drive, BelAir 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE CEPHALOPAT Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [ 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 22L DATE SIGNED THE SHOW ATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 22 ADDRESS HYS NAME LTYPE OF PRINT 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL STATE Cem.
1985 Holy Trinity Episcopal Churchville.

BP DHMH - 16 50M 4/82 (VRA 15, 4)

should be detained with the State MPORTANT,

Burial

Howard K. McComas III, Abingdon, Md. 21009

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STATE OF MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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### CTATE OF MADVIANO

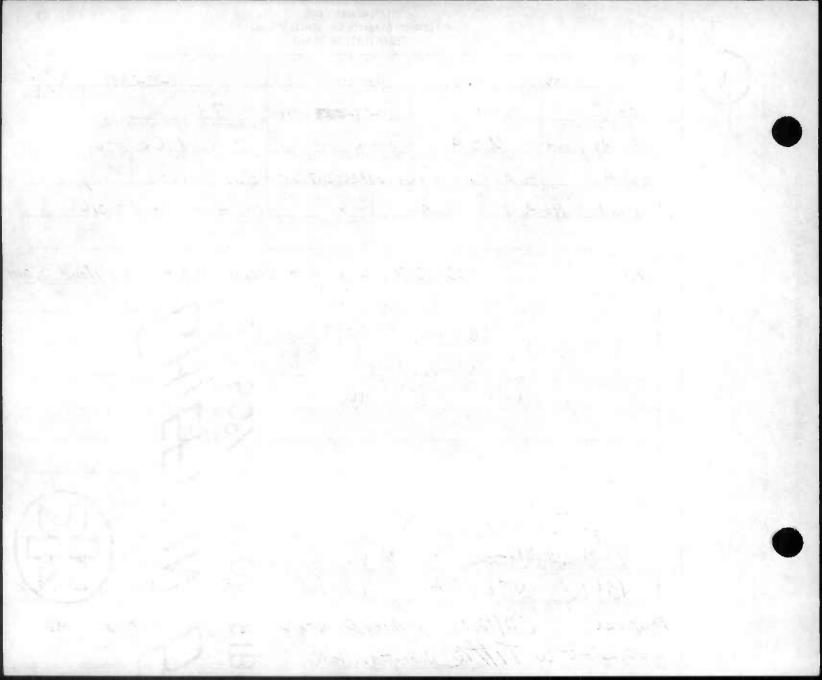
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STATE OF MAKILAND										
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE					
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DHMH - 16 50M 4/83 (VRA 15, 4)



3-	1 -	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0 5	3 1 7	
Ì		CEASED NAME FIRST OR PRINT)  No. 1	MIDDLE B.	1	COSTON	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR 12 40 P	<u>M</u>
	3. SEX	(	4 RACE	5. DATE C		6. AGE (IN YEARS LAST B	IRTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	
	Fe	emale	Black	May	6, 1906	78	YRS.		
21		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AA A D D IE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	ATH	
0		orth Carolina	U.S. A.	WIDOWE		Har	Pord	M	ID.
1	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPA	MON 12b	KIND OF BUSINESS OF	R
6	140	ules de grand	HARCER / Max	nak il	al Hosp	Farmer	Agri	culture	
20		AL RESIDENCE (INJURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	99440	
		V. C. Blad			YES NO X	Rt. #1	Box 134	TT 28433	3
0/1		THER'S NAME			15. MOTHER'S MAIDEN NA				
H	I	lenry	MIDDLE Costo	n	FIRST	N/A		21078	
4	16a. W	VAS DECEASED EVER IN U.S. AR		RITY NO.	17. INFORMANT	son) ADDI	RESS453 Ba	ttery Dr.	_
3	Ñ	(ES, NO OR UNKNOWN) (IF YES, GIV	ne 243-60	-392	Jefferson	Coston		de Grace,	
DUE TO, OR AS A CONSEQUENCE OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT									_
	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN IN	PART IIa	
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	280 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?	_
1	EDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART 1 OF	₹PART 2)	
	MEDI	21d INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR I	IOWN CC	DUNTY STATE	
		22a I certify that (I) (this hospi	tal) ottended the deceased from_	1-	26 19 85		7 195	, that (II (we) lo	st
		sow the deceased alive on above, (I) (we) (did) (did no	ty view the body after death.	05. a	nd that in (my) (our) opinion	deoth occurred on the	date and hour and	from the couses stated	
		27b. SIGNATURE	Men		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	2-7-85	
/		22d. PHYSICIAN'S NAME (TYPE O	CA LON		6 (1 S. U	NON X	ve. Har	re de Gra	ly

DHMH - 16 50M 4/83 (VRA 15, 4)

marked or lies. 18 shows any injury, or other tra

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IMPORTANT, If hem 21 is

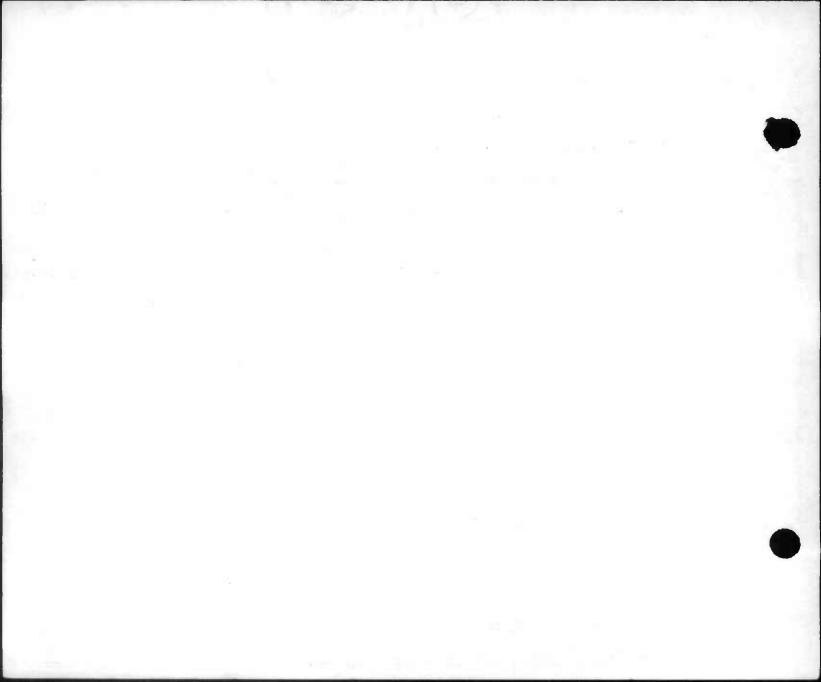
230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 2/10/85

White Creek Cemetery

| Value | Value

24 FUNERAL DIRECTOR

E. Barnes Fleming Funeral Service - Benson



Section   Sect	1. SEX  1. SEX  1. RACE  1. SDATE OF BIRTH  1. SEX  1. RACE  1. SDATE OF BIRTH  1. SEX  1. SEX  1. SEX  1. RACE  1. SDATE OF BIRTH  1. SEX  1.	<	FOR - STATE REGISTRAR		STATE OF MARYLAND INT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	05313
The city of town of death	The BIRTHPLACE (STATE OF OREATH  United States  MARRIED   NEVER MARRIED   NEVER MARRIED   MARRIED   NODECT   NO	(a)	TYPE OR PRINT!	N Thoma	-	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 23 HRS. MONTHS DAYS HOURS MIN.
Maryland Harford Churchville VES NO 10 Glenville Road 21028    Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Maryland Harford Churchville   VES NO   10 Glenville Road 21028   Milliam H. Day, Sr. Eliza   V. Bannister   MD 21028   MD 21028   Betty Weinzirl 10 Glenville Road Churchville   MD 21028   M	Maryland Harford Churchville    VEST   NO     10 Glenville Road 21028	M Cope	aryland CITY OR TOWN OF DEATH HAJRE SE GRACE	United States	MARRIED NEVER MARRIED WIDOWED DIVORCED HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR CO HAR CAS 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	DUNTY OF DEATH  MD  126. KIND OF BUSINESS OR
Source   S	160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   MD   21028	M M	aryland Har:	ford   Isc CITY OR TOWN Churchvil	134 INSIDE CITY LIMITS? YES X NO 1 15 MOTHER'S MAIDEN NAM	10 Glenville	Road 21028
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a  Voluntus of the Signific Colon  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPPRATION WAS PERFORMED  19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPPRATION WAS PERFORMED  21a, ACCIDENT WAS UNDERLYING OR COUNTY  21b. TIME OF INJURY OR CONTRIBUTING CAUSES OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER)  21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTRIBUTION		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURI	TY NO. 17 INFORMANT	ADDRESS	MD 21028 le Road Churchvill
	Voluntes of the Signoid Color  190 DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO   210 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH  OR CONTRIBUTING C	lease remove carbond 10), cremation, or remo or other traumatic ever	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	CE OF		
	OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	rmit Then p prior to bur ony injury,		Voluntus	of the Signoid	Colon 200 AUTOPSY? 206	IF YES, WERE FINDINGS USED
The certify that (I) (the hospital) attended the deceased law and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (d		hould be de cuth the Store	22d. PHYSICIAN'S NAME TYPE	CANLAS, M.	22e ADDRESS	St. Ha	avre de Grace, Mid

should be detached for use as the twith the State Dept. of Health and O FUNERAL DIRECTOR. After thi

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

13.1985 Dublin Southern

NATORY 23d. LOCATION
CITY OR TOWN
Darlington Harford
250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE MD

Burial
24 FUNERAL DIRECTOR

John Harkins 600 Main Street Delta.

23b. DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carban papers. P

should be detoched for use as the bural-transt permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr MPORTANT: If them 21 is marked or Item 18 shows ony injury, or oth

### STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	REG. NO.
T. DECEASED NAME FIRST MIDDLE LAST 20. DA	ATE OF DEATH MONTH DAY YEAR 26 HOUR
Donald M DUNN	2580 2 64
3. SEX  4. RACE  5. DATE OF BIRTH  MONTH DAY YEAR  6. AGI	E (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
Male White 3 8 1904 80	) YRS
76. BIRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BAL	TIMORE CITY OR COUNTY OF DEATH
Baltimore U. S. A. WIDOWED DIVORCED	HARFORD MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a US	SUAL OCCUPATION 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	is driver Balto. Transit
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	REET ADDRESS / ZIP CODE
	O Fountain Green Rd. 21014
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
Joseph Samuel Dunn Elizabeth	Steinick
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESSOO Fountain GreenRo
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW 11 (Natl. G.1936-LO) 212-20-2867A Mrs. E. Mildred I	
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c.)	APPROXIMATE INTERVAL
PART I. DE ATH WAS CAUSED BY.	BETWEEN ONDET AND DEATH
IMMEDIATE CAUSE (0) Concluse Orrest	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( 16) Hyperfree and rendesing	26.11
Conditions, if ony, which (b) Hyperfine and renders	South
couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.	
(c) Dep313	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PART 110
TO PO DO THE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 YES  210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (6)	AUTOPSY? 206. IF YES, WERE FINDINGS USED
TIME CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
7 YES  71a. ACCIDENT WAS UNDERLYING 7 21b. TIME OF INJURY 7 21c. HOW INJURY OCCURRED (FI	S NO YES NO
LONGOVERNOUS CONTRACTOR OF DEATH HOUR A.M. MONTH DAY YEAR	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  STREET	CITY OR TOWN COUNTY STATE
AT WORK AT WORK	
220.1 certify that (1) (this haspital) attended the deceased from Jo Joseph 19 25, to	
sow the deceosed olive on	occurred on the date and hour and from the causes stated
22b. SIGNATURE DEGREE	22c. DATE SIGNED
	CTOR PHYSICIAN 5F38 85
224 PHYSICIAN S NAME (THE O PIEI) 122e. ADDRESS	
THE ADDRESS	
II EGII	Fallston, Md. 21047
Harron FGH	Fallston, Md. 21047

Druid Ridge Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

Burial
24 FUNERAL DIRECTOR E. F. Lassahn, 11750 BelairRd Kingsville, Md. 2100

Baltimore Pikesville

all and action to the second of the second o ACTUAL TO ALLEY OF A TALE OF BURNING . The state of the s TARGET . TOTAL all provide delibration and the little false. . F. Hatten, M. D. W. and S. M. and S. M. C. March and S. M. C. M. C. March and S. M. C. M. C. March and S. M. C. M.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ю.		- FA		
	OR PRINTS	FIRST	'	WIDDLE	L	ASI	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
1111		MARO	ARCT	H.	FX	the4		2	21	85	12:1.	SAM
3. SE	x	/4	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY		RIYEAR	IF UNDER	
	FEMALE		WHI	TE	MONTH	7 1900	84	YRS	MON HS	DAYS	HOURS	MIN,
7a. BI	RTHPLACE (STATEORS	OREIGN 7	CITIZEN OF	WHAT COUNTRY	? 8.		9. BALTIMORE CITY			ATH		
	MARYLAND		USA			D NEVER MARRIED	11	nol	and			
	TY OR TOWN OF DEA	ATH 1		HOSPITAL NURS	WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12h	KIND O	F BUSINE	MD.
HX	yre de G	PACE	Gitt	ZENS	VILESII	NA HOME	(TYPE OF WORK FOR MOST) HOMEMAKER		LIFE) IND	USTRY		
	AL RESIDENCE (IF NURS STATE	13b COUNT		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
N	1D	HARF	ORD	HAVRE de	GRACE	YES NO	719 CHESAP	EAKE D	RIVE		2107	8
14 FA	THER'S NAME	AAI	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAST		
	PATRICK	W		HOLLAHA	N	RACHEL	FRANCES	;		MITCH		
	VAS DECEASED EVER			16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	-5-7			
(	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	216 38 27	71	MRS. MARY H. BO'	YD		SAME	AS #1	13e	
	18 CAUSE OF DEAT	H (Enter only	ane cause per				/	7)	W :	APPROXI	MATE INTER	VAL
	PART I. DEATH W	AS CAUSED	BY:	00000	1. then	and Pon	sacrtille 1	Topal	An	elsen	. 1	
	- V - 15-40	IMMEDIATE				-	after to V	1,071	//	Mun.		
	Condition if	1.2.4	DUE TO, O	A CONSEQU	JENCE OF	monito.			1			
	Conditions, if any, gave rise to imm	nediote	(b)	CALLUN	ey re un	111011111111111111111111111111111111111	46				()	
	underlying cause		DUE TO, O	A A CONSECT	111/	sate 1	E 000	1	100	2	100	
		-	(c)		ANTIVE	Will CHOOLIN	or w Care	CAVIA	200	By U	150	a
z	PART 2 OTHER SIGH	HIF ICONT CO	1/4	1	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVENINE	PART 110	1	
CERTIFICATION	19 DATE OF OPERA	of U		vener o	1 /0	3/ 00	ALL AUTOPSY?	AV 1	ES, WERE	2/	OC HOSE	
15	INE DATE OF GREKA	I JUJN	170	HON TOWNE	TUPERAL	NWAS PERFORMED	AUTOPST!	IN CERT	TIFYING C	CAUSES	OF DEAT	H?
E			1	0			YES NO NO		YES 🗌		NO [	]
	21a. ACCIDENT WAS UNI		HOUR A.	FINJURY M. MONTH [	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDI		Ρ.	M.	19			17				
03	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	EARAL ETC 1	211. LOCATION STREET	CITY OR TO	NWC	co	UNTY	5	TATE
2	AT WORK NOT WE	RK	(**************************************	ALT, FACTOR OFFICE	, rane etc.)							
	22a.1 certify that (1)	(this hospita	l) attended the	e deceased from		, 19	, to		. 19	, 1	that (I) (v	we) last
	saw, the deceased olive on									ated		
	77 SESNATURE	1	1	0		DEGREE			22	DATE	TIGNED	
	1/1/2180	10.6	1/1.	611		ATTENDING PHYSICIAN	DIRECTOR PHYSI		02/6	2//	PE	
	2M. PHYSICIANS N	AME (INFO)	visit)	physical		22e. ADDRESS	4 3/		1/	-/-	7	2
	SAM	11) 1	TM			208 J. //ni	on Ave Hi	11/00	del	7221	1 . A	10
730 F	BURIAL, CREMATION,	REMOVA!	23b. DATE	730	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	UVY	4,79	772	21/11	7
	SPECIFY)		23FERDII			DIN CEMETERY	HAVRE de CE	DACE I	LADEOE	TY CO	- TO	FARE

DHMH-16 30M 2/80 (VRA 15, 4)

BP

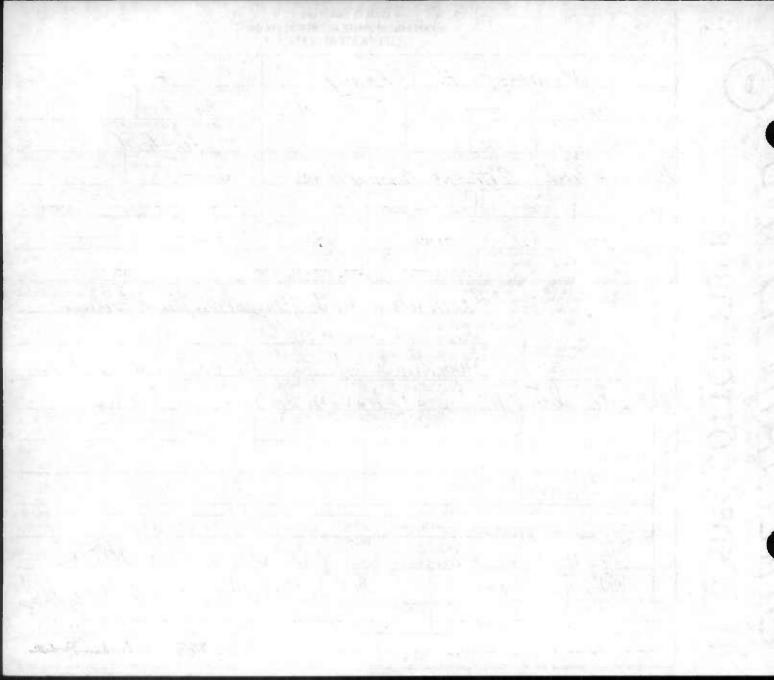
TO FUNERAL DIRECTOR.

IMPORTANT IF IS

24 FUNERAL DIRECTOR MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S, SIGNATURE FEB 2 5 1985 LANGUAGEN-MANDER

5 3



# TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

injury, or other troumotic event, the medical

IMPORTANT: If them 21 is morked or them 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME OR PRINT)	PAUL		ETTUS	F	Ar	20. DATE OF		P85	2b. HOUR 6 A M
3. SE)	MALE		RACE Whit	E	S. DATE O	DAY YEAR	6. AGE (INYE	ARS LAST (RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
7	RTHPLACE (STATE OF COUNTRY)  ENDSYLVANIE  TY OR TOWN OF DE	A	U.S	OSPITAL, NURS	MARRIED WIDOWE	NEVER MARRIED DIVORCED DO DIVORCED ROTHER INSTITUTION	120. USUAL O	CCUPATION	175. KIND C	MD.
	BET A- (	SING HOME OR O	207 W	H FACILITY, GIVE STRE	Drive			FOR MOST OF WORKING		itvoc
13a. S	Mary god	HARE	TY	13t. CITY OR TO		13d. INSIDE CITY LIMITS? YES NO X		woodland	Drive	1014
14. FA	HER'S NAME	G	TIES	FART		15. MOTHER'S MAIDEN N	=	MIDDLE	Bro	
	PAS DECEASED EVE ES NO OR UNKNOWN) HO		MED FORCES? WAR OR DATES!	379-03		17. INFORMAN (WIFE) Mrs. Emabel M			odland by	
	18. CAUSE OF DEA PART I. DEATH V	WAS CAUSED IMMEDIATE	CAUSE (o)	ARDIC	コースを	BPIRATORY CA. SKULL		S	in	ON TO S
	gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF UNDERLINED TO SEATH BUT NOT RELATED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF AS A CONSEQUENCE OF UNDERLINED TO THE TERMINAL DESCRIPTION OF THE TERM						CA OF	BLADDE		78,3
CERTIFICATION	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERAT				CH OPERATION	N WAS PERFORMED	YES, WERE FINDING CAUSES			
MEDICAL CER	210. ACCIDENT WAS UPON CONTRIBUTING [IF EITHER NOTIFY MED 21d. INJURY OCCUPY	CAUSE OF DEAT	21b. TIME O HOUR A./ P./ 21e. PLACE C	M, MONTH M.	DAY YEAR	21c. HOW INJURY OCCU	PRED (ENTERNATI	URE OF INJURY IN ITEM I	16 PART 1 OR PART 2)	
MEC		VHILE ORK	(AT HOME, STR	EET, FACTORY, OFFIC	E, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that ( sow the decea	sed olive on_	ol) ottended the	19		d that in (my) (our) opinio	n deoth occurred	on the date and h		that (I) (we) lost couses stated
	226 SIGNATURE THE PHYSICIAN'S N	ery ,	P. Gen	well	mi		MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	18, 1985
	HATVE	1		Ell, M.D	,	401 Franklin		BEI Air, 1	Maryland	21014
	URIAL, CREMATION	, REMOVAL	23b. DATE			Presbytains Ch. G	CITY C	PTOWN	rd Co. Mary	AN 21028

Bet Air, Marylay 21014

BP. DHMH - 16 50M 4/82

retained by the hospital or offending physician

(VRA 15, 4)

21 FUNERAL DIRECTOR TOS

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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ME							

	1 -	STATE REGISTRAR			V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	CERTIF	ICATE OF DEATH	REG. I	NO.		
		CEASED NAME OR PRINT)	FIRST MOEY	Lawre	nce	La	rol	20 DATE OF DEATH	MONTH 2	15 85	26. HOUR
	3. SE)	Male		RACE Whit	e	S. DATE C		6. AGE (IN YEARS LAST B	URTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
36		RTHPLACE (STATE OR COUNTRY)  aryland	FOREIGN ]	CITIZEN OF	WHAT COUNTRY	2 8	NEVER MARRIED 3	9 BALTIMORE CITY Harfo	OR COUNT		MD
10	10. CI	ry or town of DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSI HEACILITY, GIVE STREE  CONVAL	NG HOME C	PR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	OSTAL SE
	USUA 130 S Ma	L RESIDENCE (IF NURS TATE ryland	136 COUNT Harf	OTHER INSTITUTION.		RE ADMISSION) NN	134 INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS 201 Ford's	/ ZIP COL	DE	
24		THER'S NAME FIRST George	S	tockham			15. MOTHER'S MAIDEN NA/ FIRST Sarah	WIDDLE		Day	SŤ
The medical	_0	AS DECEASED EVER (ES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	216-12-		Pauline F. Iv		gdon		rdeen, MD
event		PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY.	IRCU RALA CONSEGUI	VA7	ORY COL	LAPSE	(S/+0	C/C)	ONSET AND DEATH
		Conditions, if ony gove rise to immediate (a), stating underlying couse	mediate ng the	(c)	MEG	JENCE OF N	WOF R	RCINOI	NA		
	NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART I	0
2	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND! TIFYING CAUSES YES	
9		210. ACCIDENT WAS UND OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEAL	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18	B PARI † OR PARI ?)	
morked or	MEDICAL	214. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
2 2		22a.1 certify that (1) saw the deceas above, (1) (we) (	ed alive on_	218	194	,	nd that in (my) (our) opinion (	, to	date and he		that (I) (we) last couses stated
T. #		226 SIGNATURE	him	met	ntm	<b>o</b> .	PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DATE	SIGNED
MPORIAN.		PHYSICIAN'S N	AME (TYPE OR	DNAK	IL, M.	0	HANRE PE	GNACE	M	1d 21	1078
		Burial, CREMATION, SPECIFY)	REMOVAL	Feb. 18			emetery or crematory  a Episcopal	Perrymar	Harf	ord Mar	yland

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ond completely filled in by the funeral director, g ages 1 and 2 should be filed within 72 haurs after

executed

Funeral Home, P.A, Aberdeen, MD, 21001-3399

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE FEB 20 1985 Julia Davidson Andree

Editor Dick . I worked to the control of the contro representation of the redepth of the resemble of the few agent to the second of the sec A COMPANY OF THE SAME OF THE S death certificate be executed within 24 hours

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## FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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1	1 -	STATE REGISTRAR			ou ann	CERTIF	ICATE OF DEATH	REG. NO.				
1		EASED NAME	FIRST	-	MIDDI €	- 1	AST (GATCHEIL)	20 DATE OF DEATH MONTH	H DAY YEAR	26 HOUR		
ı	(TYPE	ORPRINT) MAI	RGAC	RET	BATTOW	6	2Tohell	2-	9-85	11 A M		
1	3. SEX		0	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
		Fema	1/2	whi	Te	EEP"			YRS.	Max.		
Д		THPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR CO				
4		maryland		U.S.	A.	WIDOWE		HARFORE	<u> </u>	MD.		
1	10 CI	Y OR TOWN OF DEA	(STOL		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		OF BUSINESS OR		
ķ.	HA	URE de GR	PCE	HARF	and He	mok	in/ Hesp	School TEACHET				
A	13a. S		136 COUNT	TY	13c CITY OR TOW			13e STREET ADDRESS / ZIP		1014		
di		aryland	Horego	rd Co.	BE Air		YES 🔀 NO	421 EAST Broo	*dway			
1	14 FA	THER'S NAME	^	DDLE	D A B LAST		15 MOTHER'S MAIDEN NA/	MIDDLE	LA	iST.		
1		1 panies	2 Ette	TSON	Robinson		MArthA	STONE	BULLO	44		
٦		AS DECEASED EVER		NED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMAT(NEPHEN)	692-6045 ADDRESS	EHSVILLE RO	ad		
	( Y	NO DE UNKNOWN)	(IF YES, GIVE	WAR ON DATES	216-46-3	דרה	mr. Donald F. Rob	SINSON JATTEHSY	HE Maryland	121084		
		18. CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and	d ICI	- 4	1 1 4	BETWEEN	XMATE INTERVAL I ONSET AND DEATH		
		IMMEDIATE CAUSE (0) CANTUM MATTY / TUST										
1				DUE TO, O	R AS A CONSEQUE	NCE OF	7	2 . 0		7.1		
		Conditions, if any,		(b)	Ph	Quan	my [	LIG Sepson		of & hore		
		gave rise to imm cause (a), statin	ig the	DUE TO, O	R AS A CONSEQUE	NOE OF	1	V	n	hogital		
		underlying cause	lost.	(c)_	De	high	with			U		
	5_	PART 2 OTHER SIGN	VIEICANT CO	ONDITIONS CO	ONTRIBUTING TO E	DEATHBUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	(0		
	ō		Sini	le 1	Liment	~						
2	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS			
	E				1 1	11		YES NO	YES [	NO []		
7	GE	210. ACCIDENT WAS UND	/_	216. TIME O		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART   OR PART 21			
9	IA!	OR CONTRIBUTING (		H HOUR A.	1 /	19						
	MEDICAL	214 INJURY OCCUB		21e. PLACE			211 LOCATION	CITY OR TOWN	COUNTY	STATE		
	2	WHILE AT WORK	RK	(AT HOME, STE	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET					
		220 I certify that (I)	(this hospite	ol) ottended th		-	-8 19.85			that (I) (we) last		
		saw the decease abave, (I) (we) (c		view the body	ofter death	, or	nd that in (my) (our) opinion (	death occurred on the date on	id hour and from the	couses stated		
		226. SIGNATURE	A A	1			DEGREE		22c. DATE	ESIGNED		
		Man	rel V	1 les	ef no	9	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5 2	19/5		
		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)	)	,	22e ADDRESS	BX 091	2			
		WH	477	JM	ANNE	2	18 my A	- Stiller	- , MU	2001		
		URIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		

ATTENDING PHYSICIAN, The

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been ugned by the ottending physician and completely filled in by the historial decidence for use as the build handle permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to bursol, cremotion, or removal.

mury, or other troumatic event, the medical

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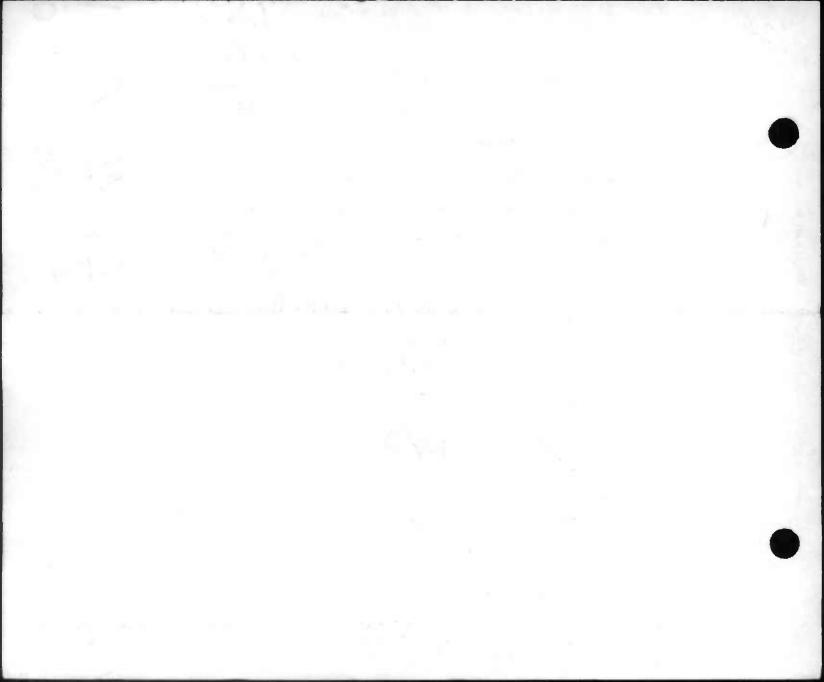
MPORTANT. If Nem 21 is marked or Nem

BuriAl

24 FUNERAL DIRECTOR
JOSEPH WILLIAM TOSTET 50 W. Broadway & Williams St. BELAIT, MANJANDY 21014

DEET GEEK MEth. CEMETERY FOTEST HILL Harbord Co. Manyland 21050

14 Williams St. 250. DATE RECID BY REGISTRAR 250. REGISTRAR'S 30 NATIONAL TO STAND THE STAN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR 20. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTE Mae eatrice 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH WHITE 22 915 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED U. S.A. MARYHAD WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Momoria struce de (+vac Jarford Housew.Fr Honer OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13g STATE 13 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE SUA 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMAN' (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) FREDBRICK 18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY-IMMEDIATE CAU Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.)

220.1 certify that (1) (this hospital) attended the deceased from. 

211 LOCATION CITY OF TOWN COUNTY

MEDICAL

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

ATTENDING 226. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDI

STAFF

238 BURIAL, CREMATION, REMOVAL 23b. DATE

22b. SIGNATUR

NOT WHILE

FOR

23c NAME OF CEMETERY OR

DEGREE

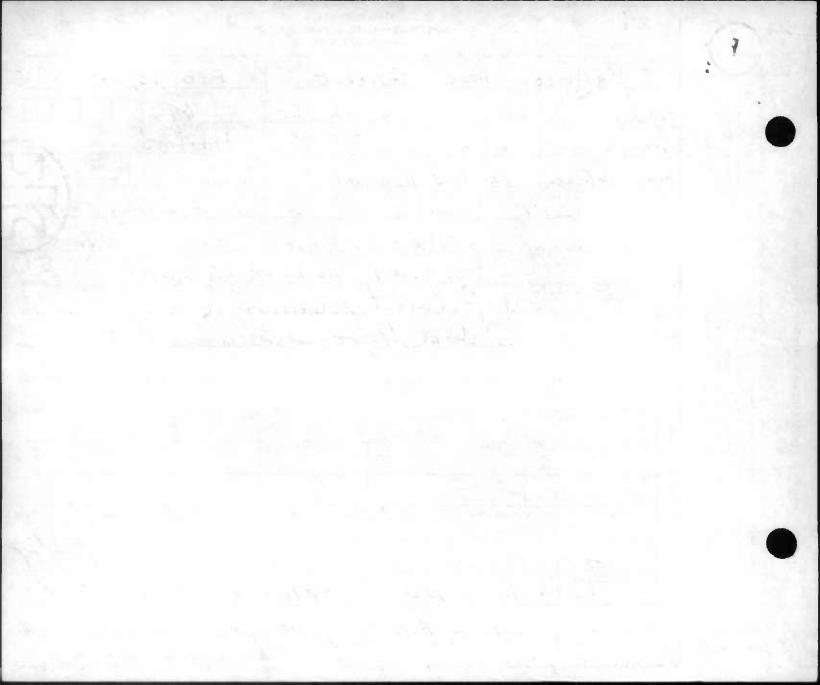
THE DATE SIGNED

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ld be deto the Stote MPORTANT

CEMETERY Die GRACE 250. DAZE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examination

FOR

STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	2	U .	7	U	60

1 - STATE REGISTRAR			DEI ARTI	CERTIF	FICATE OF DEATH	III OILINE	REG. NO	).			
L DECEASED NAME	FIRST	,	MIDDLE		LAST	2a. D	ATE OF DEATH	нтиом	DAY YEAR	2b. HOUR	
	ELLA	EL	IZABETH	G:	ILBERT		FEBRUARY	17	, 1985		A
3. SEX	14	RACE			OF BIRTH	6. AG	E (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 F	
FEMALE	- 1	WHITE		OCTO	BER 3, 1891		93	YRS.	MONTHS DAYS	HOURS M	AIN.
To BIRTHPLACE ISTATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8		9 BA	LTIMORE CITY O		Y OF DEATH		
MARYLAND		USA		WIDOW	ED NEVER MARRIED	7	HARFORD	COUNT	Υ		MD
IO. CITY OR TOWN OF DEA	TH 1	1. NAME OF		IG HOME	OR OTHER INSTITUTION		JSUAL OCCUPATE	ON	126. KIND C	OF BUSINESS	
HAVRE de GRACE		1504	BARRETT ST	REET			OF WORK FOR MOST OF	WORKING	IFE) INDUSTRY		
USUAL RESIDENCE (# NURSI 13a. STATE MD	136. COUN'THARFOI	TY	13c. CITY OR TOW HAVRE de	'N	134. INSIDE CITY LIMITS		TREET ADDRESS /			21078	
14. FATHER'S NAME					15. MOTHER'S MAIDEN	NAME					
GEORGE		EWIS	MITCHELL		MARY		EMILY		BO	WMAN	
160 WAS DECEASED EVER I			16b. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	SS			
TYES NO OR UNKNOWN) TIF YES.		NKNOWN)   1# YES, GIVE WAR OR DATES)   216 46 64			JOSEPH C CI	TI BERT	BERT P.O. BOX 65 HAVRE de GRACE, MD 2				
gove rise to imm couse (o), stoling underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND	lost.	ONDITIONS CO		DEATH BUT	I NOT RELATED TO THE T		DISEASE OR CONI	20b. IF Y	IVEN IN PART 11 ES, WERE FINDI	NGS USED	
E .							5 NO NO	1	ES 🗌	NO 🗌	
OR CONTRIBUTING C		HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCC	CURRED (	ENTER NATURE OF INJUR	Y IN ITEM TS	PART ( OR PART 2)		
(IF EITHER NOTIFY MEDIC		Ρ.		19							
#								COUNTY	STATE	E	
sow the decease	27a L certify that (1) (this hospital) attended the deceased from 9-16, 19-84, to 2-17, sow the deceased alive on 19-85, and that in (my) (our) opinion death occurred on the date and hou above, (1) (we) (did) (did not) yiew the body after death.								our and from the	that (I) (we) couses stated	
HOWLET	telle t Il	ickso	MM.D.		PHYSICIAI 120 ADDRESS 1315. UNIC	N DIR	ECTOR PHYSIC	IAN 🗌	De Grad	1716) Ce Uda	210
230. BURIAL, CREMATION, F (SPECIFY) BURIAL	REMOVAL	236. DATE 21FEBRU			CEMETERY OR CREMATO	PRY 23	LOCATION CITY OR TOWN	W. 3	COUNTY	STATE	

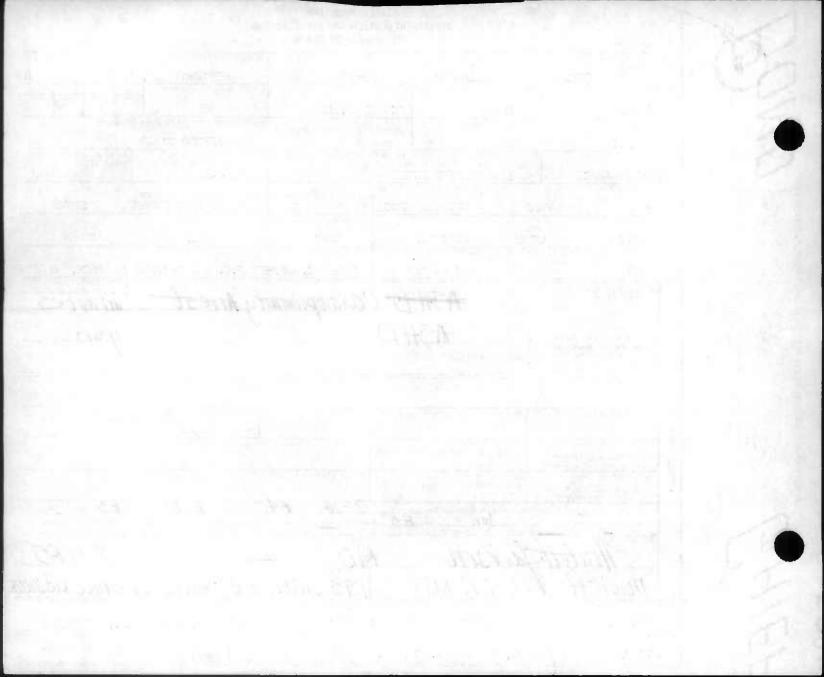
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar ottending physician

> 74 FUNERAL DIRECTOR
> MITCHELL FUNERAL HOME PA, HAVRE de GRÂCE, MD. 21078

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE whe Davidson Randalle



TO FUNERAL DRECTOR A Chould be detected for use and the Stote Dept. of Heal IMPORTANT, it fees 21 or m.

of director, page 3 2 hours ofter death

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	' '	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
		CEASED NAME FIRST	M . MIDDLE	Į.	AST	2a DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
	(TYPE	"Gertrud.	God	nauer		0	2 05 8	5 6 30
	3. SEX	4	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		
	P	emale	white	12	15 92	93	YRS	DAYS HOURS MIN.
7	To BIF	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT C	OUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн /
1	BI	alto, md	USA	WIDOWE		Bel AIr	. and H	artoreho.
	Ba	TY OR TOWN OF DEATH	NAME OF HOSPITA	L, NURSING HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR STRY
	USUA	AL RESIDENCE (IF NURSING HEH) OF OT		DENCE BEFORE ADMISSION)	ora Certeri	17000 € 10	TE	11115
2		md. 136 COUNTY		Y OR TOWN	YES NO	2420 Kentu		ie +13
2.	14 FA	THER'S NAME FIRST MID	DDLE	LAST	15. MOTHER'S MAIDEN NAM	.E MIDDLE		LAST
C		Anthony	Trabe	ert	Anna		Hahn	
7		VAS DECEASED EVER IN U.S. ARME		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
6		no		2-74-8628	Mr. William	Gochnauer	Same	
	ION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A C	ONSEQUENCE OF	NOT RELATED TO THE TERMIN			
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	USES OF DEATH?
1	AL CERT	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJUR HOUR A.M. MC P.M.	Y DNTH DAY YEAR	21¢ HOW INJURY OCCURRE	YES NO		NO [
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME STREET, FACTO		21f LOCATION STREET	CITY OR TO	WN COUN	ITY STATE
		22a.   certify that (1) (this haspital saw the deceased alive on	) ottended the deceos		nd that in (my) (our) opinion de	, toeoth occurred on the do	ote and hour and from	, that (1) (we) last
		obove, (I) (we) (did) (did not) v 22b SIGNATURE	view the body ofter de	oth.	DEGREE			DATE SIGNED
Ì		Broken No	owalis	wsli 1	1	MEDICAL STAF		10/4/
		224. PHYSICIAN'S NAME (TYPE OR PI	RINT)		22e ADDRESS			
		ANDREN I	NOWAKO	not in	1251	V. MAIN	1 57 3	1366/11/1
		FURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STAIR
		urial	Feb. 9, 198	Parkwoo	d	Baltimor	600.111	24 4 4 2 2 2 2
	EGA CAL	INTERNATION OF CAMPA			07 0 175	DECID BY DECICES -	nes and and a make a line of the	ANT LEVEL OF THE PARTY OF THE P

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Leobard J. Ruck Inc. Baltimore, Maryland

FOR

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

Palvinore & calc semical broads

212-74-6226 Mr. William Gorandaer - Osu

Legents . do lie. alier, alies

attending physician and completely filled in by the over carbon adjects. Pages 1 and 2 should be filled with

njury, ar other traumatic event,

MPORTANT: If hem 21 is marked or hern 18 shows an

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

5 3 2 1

1-	STATE REGISTRAN			DEI ARTI	CERTIF	ICATE OF DEATH	REG. I	NO.			
	CEASED NAME	HIST		MIDDLE		LAS1	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
111111		DONAL	D C. G	RAY				2-2	7-85	12:20F	M
3.SE	×		4 RACE		S. DATE (		6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	-
1	Male		Wh	ite	Dec.	24,1915	69	YRS		HOURS MIN	
	RTHPLACE   STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
-	nnsylvania		II S	Α.	WIDOW		HARFORD			٨	AD.
_	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS O	R
H	AVRE-de-GR	ACE	CITIZE	NS NURSIN	G HOM	E	Retired	OF WORKING	LIFE) INDUSTRY		
USU, I3a S	AL RESIDENCE (IF NURS			I 3t. CITY OR TOW		1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE Grace.	MD 210'	78
Ma:	ryland	Hari		Havre de	Grac	PYES X NO [	312 Straw	berry	Lane Ha	vre de	10
14. F#	THER'S NAME		widelt	LASE		15. MOTHER'S MAIDEN NA			LAS		
	Herbert		J.	Grav		Sarah	Elizab	eth		trane	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS			_
	NO	N A	VE WAR OR DATES)	162-05-1	61,6	Pat Laswell.	P.O. Box 113	.H de	G., MD 2	1078	
	II CAUSE OF DEAT	41/ 41	oly one couse ne		,	1 do Edonosta	z so sport cjy	4.1. 4.0		MATE INTERVAL	=
	PART I. DEATH W	AS CAUSE	D BY:	and	will	spirator	4 RNS	ext	BETWEEN	DAISET AND DEATH	
	DUE TO, OR ASA CONSEQUENCE OF CONSIDERATE CAN CONSEQUENCE OF CONSIDERATE CAN CONSEQUENCE OF CONSIDERATE CAN CONSEQUENCE OF CON										
	gave rise to im-	nediate	(b)	ou we	Confer C	The Co	arour ou	- Ville	the co	cee	-
	couse to station underlying course		DUE TO,	A A ANSEOUE	NCE OF	1.t.ti	. hour	1	20,00		
	(c) Choose of Colored										
2	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TO										
2	vecge	re	fux	oul	1 /	nuelon	ex on	سادي	e ace	okora	-
FICA	194 DATE OF SPERA	I KON	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	AUTOPSY?	IN CERT	TIFYING CAUSES	OF DEATH?	
CERTIFIC	** ************************************	The second second		05 6444894		1: 110111111111111111111111111111111111	YES NO		YES	но 🗌	
1572 (1)	OF CONTRIBUTING [7]		ef	OF INJURY L.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM TO	8 PART I OR PART 2)		
CA	(EEITHER, NOTEY MEDI			P.M.	19						_
MEDICAL	214 INJURY OCCUR			OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	OFFORT	there.	COUNTY	MATE	
	AT WORLD	4			11	0 ~ / 0.	-	20	-1		_
	77s.1 andifyzhat (I)				4	19 04	, to	/		that (I) wello	ist
	sow the decement	alive or	t view the bod	v ofter death.	, 0	nd that in (my) (aur) opinion	death occurred on the	date and h	our and from the	tunnes stated	
	27h SHEWATURE	//	X.			DEGREE			271 DATE	SIGNED	
	MIN	me	Van	wh.		ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN [	12	100	
-	224 PHYSICIANS N	AME (TYPE	OR PRINT)	/		22e ADDRESS	1 1	1	1		_
-	Hilax	14K	AWA	M. D.	715	So Marion	Mro th	STITE	DE (JIE!	116	
73n. F	BURIAL, CREMATION,	REMOVAL	23b. DATE	1236	NAME OF C	EMETERY OR CREMATORY	173d LOCATION		Md	2/07	#
	SPECIFY) Burial	AL	Mar.4			l Memorial	Aberdeen	Harri	and Mam	land STATE	-
_	JNERAL DIRECTOR		Liter. of	TAOS IN	T.TOT.C		IE REC'D BY DECISION	RI25h SEC	ISTRAPS SIGNAT	TOWAR	_
-	NAME	0207	Homo D	ADDRESS	on Mr	21001-3399	TE REC'D. BY REGISTRA	AL OF	a Davidson	-Mandelle	
1	arring Fun	erat	HOME, P.	A. MOETUE	EII, III	CTOOT-22/2		1			-

DHMH - 16 50M 4/B3

TO FUNERAL DIRECTOR. After should be detained for use as with the State Dept, of Health

ned by the TO HOSPITAL

(VRA 15, 4)

THE BUILDING TO A STATE OF THE the offer was a first the same of the same TAKE STOLD IN THE PROPERTY OF THE PARTY OF T Many angles on the first trade of the contract A Company of the country of the control of the cont

filled in by the funeral ould be filed within 72

ond 2 sh

ene prior to buriol, cremotion, or removal njury, or other troumotic

TO FUNERAL DIRECTOR: After this certificate has been signed by the otter should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation

morked or Item

MPORTANT: If Item 21 is

		AIC	It U	F M	AKTI	AND	
P	ARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
	CE	DTI	EIC	ATE	OF	DEATH	

D CERTIFICATE OF DEATH

REG.	NO.						
20 DATE OF DEATH	MONTH	DAY	26 HOUR				
	2	21	85	1 8			
AGE (IN YEARS LAST E	HRTHDAY)	1F UP	DER I YEAR	IF UNDER 24 H			

(TYPE	E OR PRINT)	John	m	ariA	ân .		2	21	85	IA
3. SE	×	0 4 R	ACE	5. SATE O	DAY / YEAR	6 AGE INVEARS LAST	BIRTHDAY)	MONTH	DATS	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OF COUNTRY)  ITY OR TOWN OF D	7	CITIZEN OF WHAT COU USA NAME OF HOSPITAL, N	MARRIED WIDOWE		Harford 120 USUAL OCCUP	NOITA	128	KINDO	MI F BUSINESS OR
_	vre de gra		arford Men	rorial H	ospital	(TYPE OF WORK FOR MOS	T OF WORKING	G LIFE) IN	AR	my
130. 9	ATHER'S NAME	13b. COUNTY HARS	ER INSTITUTION GIVE RESIDENCE 13t. CITY O		13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N	12115 PU	S/ZIPCO	DDE K/	12 h	02X
	NAS DECEASED EVE YES NO OR UNKNOWN)	KORE G	217-	L SECURITY NO.	MARY 17 INFORMANT GAIL MIL	LER G	ORESS OUR	161H GE	ORG	MATE INTERVAL
		WAS CAUSED BY IMMEDIATE C  By, which Immediate Iting the	F (1/1)	isequence of	had B sophogal urhous d	Varies hver			BETWEEN	ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIG	c obs	IDITIONS CONTRIBUTION  196 CONDITION FOR V	Anwo	4	RMINAL DISEASE OR CO	20b. IF	YES, WER	E FINDIN	NGS USED OF DEATH?
	OR CONTRIBUTION OF DEATH   HOUR A.M. MONTH DAY YEAR							R PART 2)		
MEDICAL	WHILE NOT AT WORK	WHILE []	21e PLACE OF INJURY JAT HOME STREET, FACTORY,	OFFICE FARM ETC )	21f LOCATION STREET	CITY OF			YINUC	STATE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alve as 2 2 2 19 view the Body after death

DEGREE M.D

ATTENDING PHYSICIAN

MEDICAL STAFF

and that in (my) (aur) opinion death accurred on the date and haur and from the couses stated

2/21/85

23a BURIAL, CREMATION, REMOVAL

FOR

1. DECEASED NAME

FIRST

MIDDLE

- STATE REGISTRAR

NARANG, M.O.

Z/23/85

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRES

23d LOCATION
CITY OF LOWN
BALTO

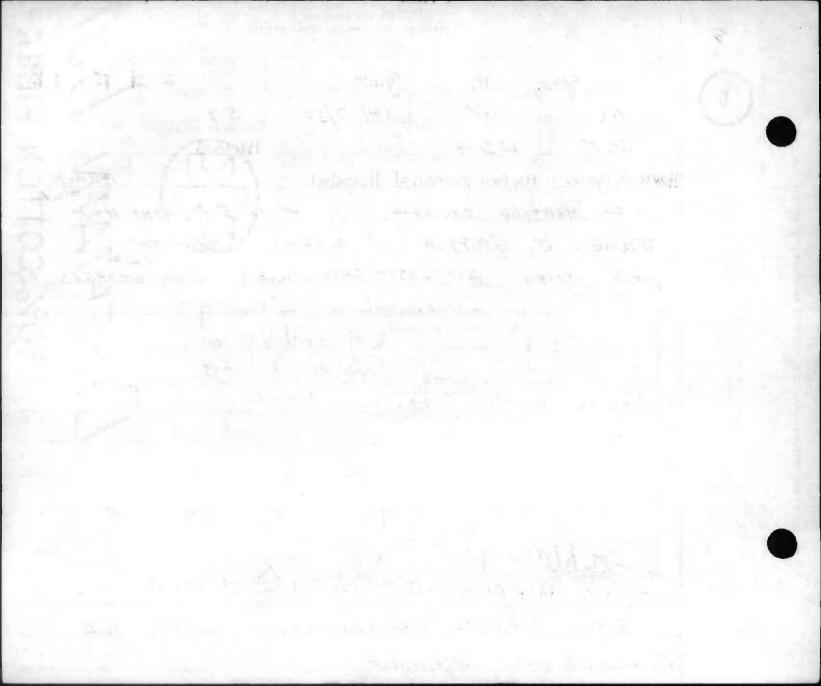
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

24 FUNERAL DIRECTOR

300 MACE

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 2 2 1985



and 2 sh

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physics should be detached for use as the busical transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to busics, tremation, or removal.

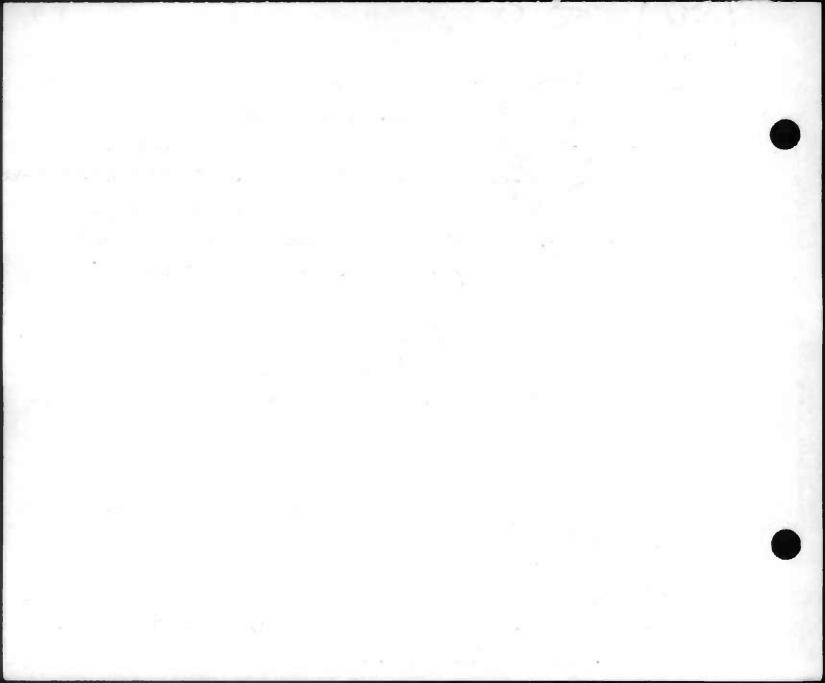
mjury, or other tro.

APORTANT. If hem 21 is marked or hem 18 shows ony

1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	REG. NO.	0 5	3	2 9
	CEASED NAME LORPIENT)	Harry	1 4	ore	C	aunther	20. DATE O		DAY YEA	5	HOURS M
1. SE	* Male	0	RACE Whit	ī	S. DATE C		83	(EARS LAST BIRTHDAY)	S.	AYS HO	UNDER 24 HRS
Me. B	ethplace (Marcollia, 1	Md. 76	CITIZEN OF WH	HAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED		RE CITY OR COU	antoral	н	MD.
16	ur de Gr	ACE .		SPITAL, NURSIN ACILITY GIVE STREET MLMON	ADDRESS)	15pital	TYPE OF WOR	occupation k for most of workin nief, Mach	IG LIFE) INDUS	TRY	SGOVT-F
13a. :	AL RESIDENCE IF "	HILL COUNTY	13	LE CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	1910	ADDRESS / ZIP CO	ODE Rd	2104	40
14. F/	William	E.		unther		IS. MOTHER'S MAIDEN NA  FIRST  Katheri		Lucille		rrol:	
1	WAS DECEASED EVI YES, NO DRUMENOWN! NO	IF YES ONE W	AR CORDINATED	82-09-03		Mrs.Ethel Gu	nther,	ADDRESIGN 1910 Jur		oaa,	
	PART I. DEATH	ATH (Enter only of WAS CAUSED E	Y:/	be de	Lac	arres	1		BETW	ROXIMATE (EEN ONSET	INTERVAL T AND DEATH
	Conditions, if or gove rise to it couse (o), iso underlying cos	mmediate ting the	(b)	PA CONSTOUE WATER BATONSEQUE	-c	decomper	set	con			
CERTIFICATION	PARPS OTHER SI	GNIFICANT COI	ar	LEVE ON FOR WHICH	relt	roter care	200 AUTO	DPSY? 206. IF	YES, WERE FII RTIFYING CAL	NDINGS USES OF E	USED DEATH?
28.1	2) a ACCIDENT WAS I OR CONTRIUTING [	CAUSE OF DEATH	21b. TIME OF I HOUR A.M.	NJURY MONTH DA	AY YEAR	21c. HOW INJURY OCCUR					<u> </u>
MEDICAL	THE INJURY OCCU	and the latest and th	21e PLACE OF	INJURY FACTORY, OFFICE F		211 LOCATION STREET		CITY OR TOWN	COUNT	٧	STATE
	276 I certify that saw thindece above, (I) we 27h SIGNATURE	(I) Imis hospital yied alive on Idia ildid notiv	#- b	19 8		d that in (my) (our) opinion	, to death occurre	2 ~ 6 ed on the date and			
,	THE PHYSICIAN'S	NAME (THE ORP	3/			ATTENDING	MEDICAL	STAFF PHYSICIAN	1/2	1/8	-
>	4. JAMA	KAW A	M.D.		9 50	levin Bu.	HAVI	ne oz G	noce	Md.	21078
	Burial CREMATION	Carlo	b.9,198			emetery or crematory emorial Garde	ns, Be	l Air I	Jarford		d.
100	UNERAL DIRECTOR			ADDRESS		E E	R S BY	REGISTRAR 256. REG	JOHNAN'S SIG	-78th	dell

DHMH - 16 50M 4/83 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY	GIENE REG. NO	o.	
	CEASED NAME	ra y	Aulsie	Ham Ham	20. DATE OF DEATH	DAY YEAR 21 1985	26 HOUR M
3. SE	Funle	4 RACE	A	ATE OF BIRTH MONTH DAY  18, 1915	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
No	RTHPLACE (STATEORFOR COUNTRY)  CAROLIN  THO CAROLIN  TY OR TOWN OF DEAT	a US	DA WIE	ARRIED NEVER MARRIED DOWED DIVORCED DOWNED DIVORCED		R COUNTY OF DEATH	MD.
16	ivre de mai	1 Harto	ICH JACILITY, GIVE STREET ADDRES	al Hospital		e e e e e e e e e e e e e e e e e e e	
130 5		HANTEN	HOLLAGAN	138 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N		rsins Run	21901 Rd.
	Floyd	James	Carpenter	Rosa	WIDDLE	Calho	
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	214-36-950		lips, 1809 C		Road
	PART I. DEATH WA	Enter only one couse pe S CAUSED BY: AMEDIATE CAUSE (a)_	or line for (a), (b), and ic	ORGANIZIN	19 MYOCAR	PPIA SETWEEN	36 day
	Conditions, if ony, or gove rise to imme couse (a), stating underlying couse	which diote the last. (b) DUE TO, (c)	OR AS A CONSEQUENCE  SEVER E  OR AS A CONSEQUENCE  ONTRIBUTING TO DEATH	CONONARY	MINAL DISEASE OR CONE	COSIS DITION GIVEN IN PART 1	10
CERTIFICATION	CHRONIC		JUNE CURE	EMIA -	20a AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOUR	OF INJURY A.M. MONTH DAY ' Y.M.	19	JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
MEDI	21d INJURY OCCURRE  WHILE AT WORK ON NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY OFFICE, FARM E	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	sow the deceased above, (1) (we) (dia	his hospital) attended to alive an 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19.85	ond that in (my) (our) opinion	n death occurred on the do		
	226 SIGNATURE	Nows	leonslei	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAF		22/07
	ANDRE	NOWA,	Kowsky M	40 /25 /		ST. BEZ #	28 mo
23a E	BURIAL, CREMATION, RE SPECIFY) Burial	Feb. 25		of CEMETERY OR CREMATORY	CITY OR TOWN	ir Harford	Md.
	uneral director oward K. Mc		Abingdon, Mo	25a. D	AR 1 1985	256, REGISTRAR'S SIGNA	Andreas .

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the busial-transit permit. Then please remove carban paperwith the State Dept. of Health and Mental Hygiene prior to busial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows ony

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or ottending physician.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	5	0	5	3	3	

	CERTIFICATE OF DEATH	REG. NO.	
MIDDLE	LAST	20 DATE OF DEATH MONTH DE	YEAR 26 HOUR
CAROLE	HAMRICK	February 27, 19	85 9:30 PM
4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR TAN 31 1936	40	FUNDER I YEAR IF UNDER 24 HRS. DNIHS DAYS HOURS MIN.
76. CITIZEN OF WHAT COUNTRY  USA	Y? 8 MARRIED KNEVER MARRIED	Harford County	
LIE NOT IN SUCH FACILITY, GIVE STRE	EET AGGRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY
NTY 13c_CITY OR TO	M YES X NO YES		ve 21040
chlos Ogle	15. MOTHER'S MAIDEN N	Gertrude Bar	nks
VE WAR OR DATES)		Md	
nly one couse per line for 10 , (b). ED BY. TE CAUSE (o)	Failure	- W. C. We-	BETWEEN ONSET AND DEATH  3 WC
DUE TO, OR AS A CONSEC	OUENCE OF	rminal disease or condition give	2 years
196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION		
oital attended the deceased fram	, and that in (my) (aur) opinion		that (I) (we) lost and from the causes stated
OR PRINT)			25 breeze St. B.
- Italie		7 /60	0.000
	NAME OF CEMETERY OR CREMATOR	236 LOCATION CITY OR TOWN	COUNTY STATE
	NAME OF CEMETERY OR CREMATOR	y 23d LOCATION CITYORTOWN  ENS Baltimore	
	CAROLE  4. RACE White  7b. CITIZEN OF WHAT COUNTR  USA  111. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE SIR  515 Sequoia D  ROTHER INSTITUTION, GIVE RESIDENCE BEF NITY 13c (CITY OR TO  Edgewood  MIDGLE Chlos Ogle RMED FORCES? 16b SOCIAL SE VE WAR OR DATES)  DUE TO, OR AS A CONSECT  (b)  DUE TO, OR AS A CONSECT (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHITE  19b. CONDITION FOR WHITE  19b. CONDITION FOR WHITE  19b. CONDITION FOR WHITE  19c PLACE OF INJURY (AT HOME STREET FACTORY, OFFICIAL  19c) View the body ofter death	CAROLE  HAMRICK  4. RACE  White  Jan. 31, 1936  7b. CITIZEN OF WHAT COUNTRY?  USA  111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  ISOME PROPERTY ONE STREET ADMISSION)  NIY  ORD  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NIY  PAGE  Charlotte  Chlos Ogle  Charlotte  RMED FORCES?  ISB. SOCIAL SECURITY NO. 17 INFORMANT  WE WAR OR DATES)  TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITION FOR WHICH OPERATION WAS PERFORMED  THE CAUSE (b)  P.M.  19  21b. TIME OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  THE CAUSE (c)  P.M.  19  21c. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  THE CAUSE (d)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITION FOR WHICH OPERATION WAS PERFORMED  THE CAUSE (d)  19  21c. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  THE CAUSE (d)  P.M.  19  21c. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  DEGREE  ATTENDING  PHYSICIAN  DEGREE  ATTENDING  PHYSICIAN	CAROLE HAMRICK  CAROLE HAMRICK  February 27, 19  February

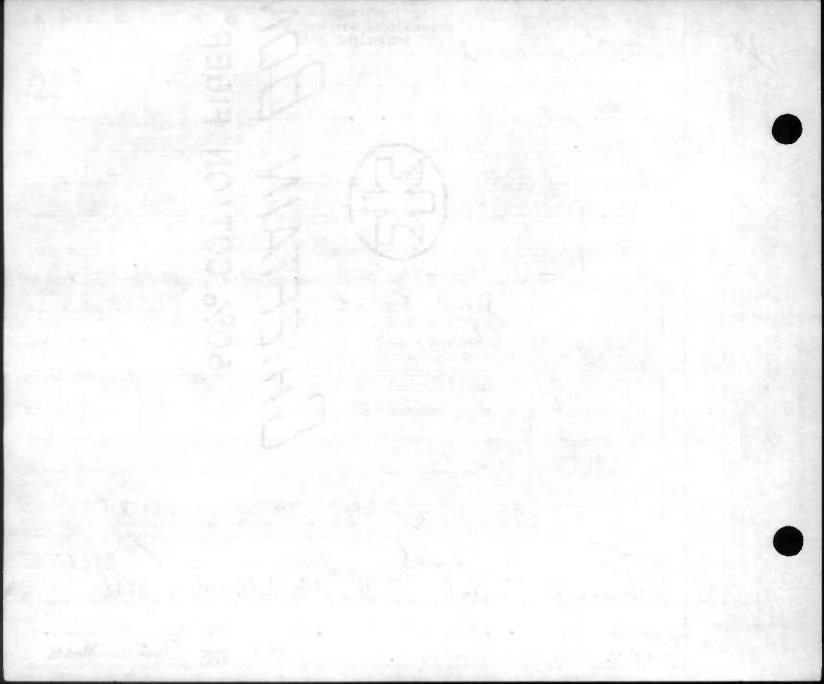
DHMH - 16 60M 7/84 (VRA 15, 4)

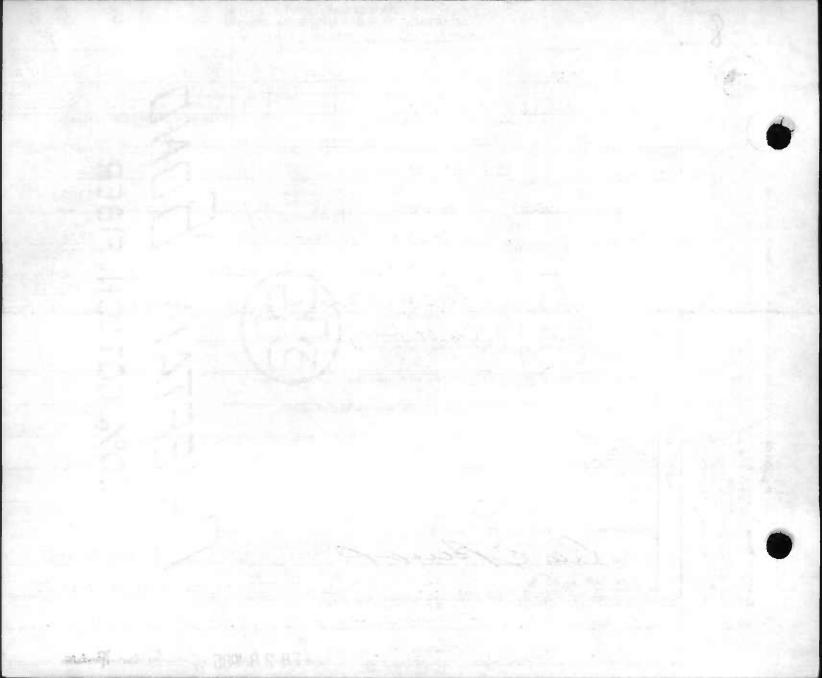
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at ather traumatic event, the

medical exam





	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 5	0 5	3	3 3
		ORPRINT) NOBLE	Dear	HINC	.Kle	2a. DATE OF DEATH	MONTH DAY	YEAR 85	26 HOUR 65
1	3. SEX	Male	White	MONTH	DF BIRTH DAY YEAR  22. 1906	6 AGE (IN YEARS LAST BIR	YRS		IF UNDER I HRS
2	Hi	RTHPLACE (STATE OR FOREIGN TO NORTH)  nckle, Virginia  TY OR TOWN OF DEATH	USA	MARRIE	DE OTHER INSTITUTION	9 BALTIMORE CITY O	Hartor	d	MD.
6	Ha	WYL de GIMCE HALL RESIDENCE IF NURSING HOME OR OTH	arord Hi	MOVIAL +	05p	(TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	S-go	vt. Ret.
2	13a. S	Md. Harto	13cQ1TY	OR TOWN	134 INSIDE CITY LIMITS? YES \( \text{NO } \( \text{N} \)	2715 Cul	ZIP CODE Rd		21014
9	14 FA	Thomas Elme		kle	Vernie	Savannah		Mood	
1		VAS DECEASED EVER IN U.S. ARMEI (15 YES, 190 OR UNKNOWN) Peacets	AP OP DATES!	-10-8328	N.Gary Hinck	le, 2600 Ph	Edgewood iladelph	Md.	21040 cad
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y:	ol, (b), and (c)	212			APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	110	VENZA		A- A		
	NOI	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 31a	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	n was performed	YES NO	20b. IF YES, WER IN CERTIFYING YES		
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I O	RPART 7)	
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET FACTOR		211 LOCATION STREET	CITY OR TO	WN C	PINUC	STATE
		22a.1 certify that (I) (this haspital) saw the deceased alive on abave. (I) (we) (did) (did nat) vi	2-17	19 85 , ar	9 19 85 nd that in (my) (our) opinion	death accurred an the de	19 8 ate and hour and		hat (I) (we) last ouses stated

D FUNERAL DIRECTOR rould be detached ith the State Dept NCUAKON SKI MD BEZ ATR. M.D Bel Air Memorial Gardens Bel Air Harford Md.

256. DATE REC'D. BY REGISTRAR 258, REGISTRAR'S SIGNATURE

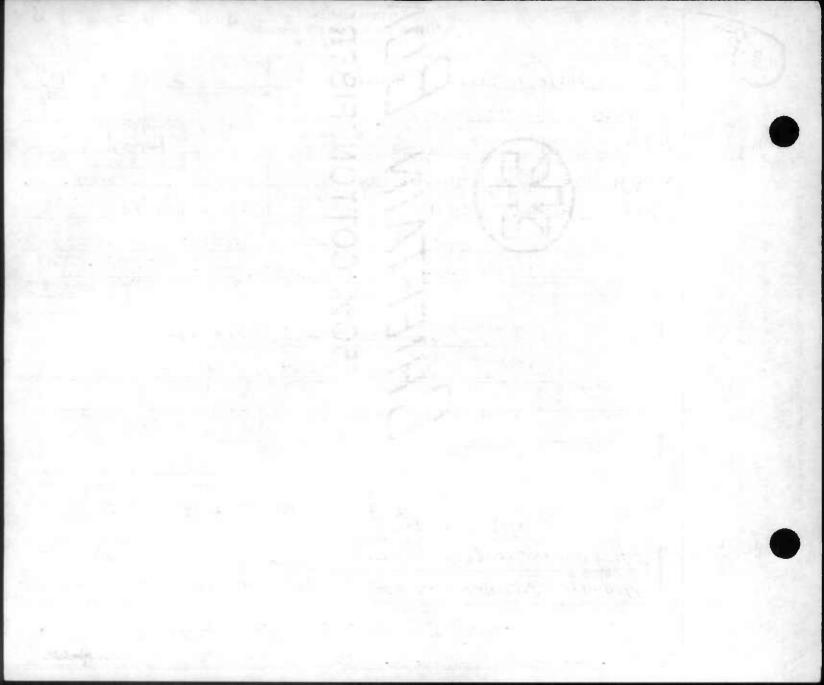
FEB 20 1985 June Jurison Person 230 BURIAL, CREMAT (SPECIFY)
Burial Md. Feb.21,1985 24 FUNERAL DIRECTOR

22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

hew Novalionshi



1 - STATE REGISTRAR					ALTH AND A	MENTAL HYG	SIENE	REG. NO.	U .	3 0		
I. DECEASED NAME	MERE	lmer _	Edward	HOI	Horn	, Jr.	2a. DATE OF	6. 9th	h DAY	9 85	26 HOL	UR 15
3. SEX		1 RACE	١	DATE OF	BIRTH DAY	YEAR 3	6. AGE LINYE	ARS LAST BIRTHDAY)	RS. FUN	DER I YEAR	HOURS	R 21 HA
70. BIRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	MARRIED WIDOWED		AARRIED G	9. BALTIMOI	HARF		DEATH		,
FAIISTON	DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET ADI		OTHER INST	NOITUTI	12a USUAL C	occupation for most of work one disa	bled	NDUSTRY	if BUSIN	ESSC
USUAL RESIDENCE (IF	13b COU	ROTHER INSTITUTION NTY ALFORD	130. CITY OR TOWN	11	36 INSIDE C	NO D	0	BOL 6	7	2	160	55
14 FATHER'S NAME FIRST Elmer	Edv	ward	Horn, Sr.			MAIDEN NA	ME	Alverta		Roub		
160 WAS DECEASED E (YES, NO OR UNKNOWN		RMED FORCES?	16h SOCIAL SECURI		dward		m. 525	Robinso	210:		Air	M

PART I. DE ATH WAS CAUSE		BETWEEN ONSET ANGIDEA
IMMEDIA	TE CAUSE (o)	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS CONSEQUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND! IN CERTIFYING CAUSES YES	
210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED  WHILE OF WHILE OF WHILE OF WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE

AT WORK — AT WORK		
22a I certify that (I) (this hospital) attended the deceased from	, 19, to	
saw the deceased alive an above, (1) (we) (did) (the notion of the body after peach	, and that in (my) (our) apinion death occurred on the	date and hour and from the couses stated
		DATE CLOUIS

obove, (i) (we) (old) (and that all all all all all all all all all a				
77H SIGNATURE	11	DEGREE		TE DATE SIGNED
()- Seinfrak	M		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2-9-85
234 PMTSBTAN'S NAME (1995 OFFISH)		22e ADD	RESS	

23b. DATE

30.	NAME	OF	CEMETERY	OR CREMATORY	23d L

OCATION Bel Air

Harford STATE Md.

Feb.11,1985 BelAir Memorial Gardens BY REGISTRAR 256 REGISTRAR'S SIGNATURE in whiliason-parisasse

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

certificate has been signed by the attending physicia

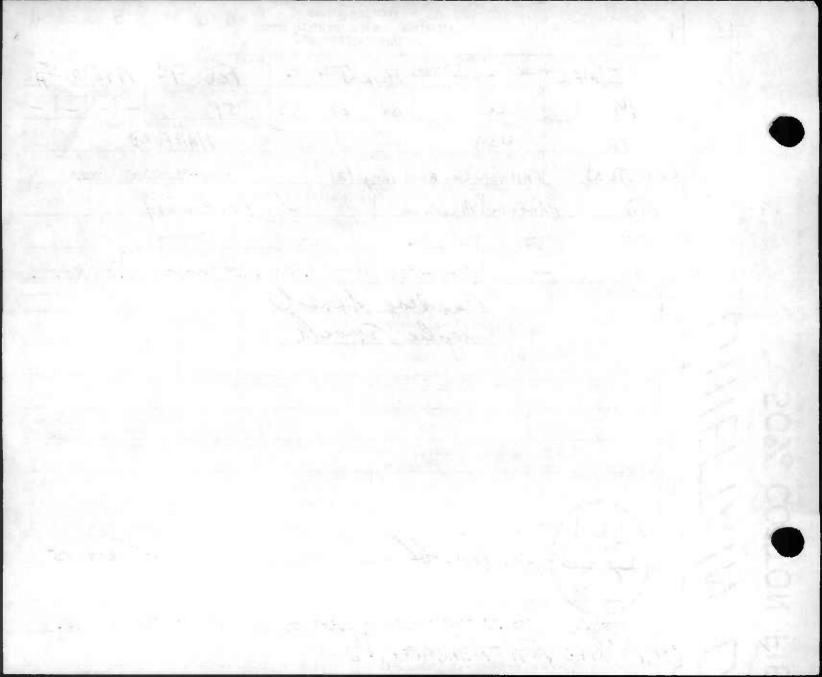
should be detoched far use as the buriol-transit permit. Then please rei with the State Dept. of Health and Mental Hygiene prior to burial, crem

OKWANT: If hem 21 is marked or hem

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

poge 3



entitions has been signed by the attending physician and campletely filled in by the figure termine and termine remove carbon popers. Pages 1 and 2 should be filed with

## STATE OF MARYLANI

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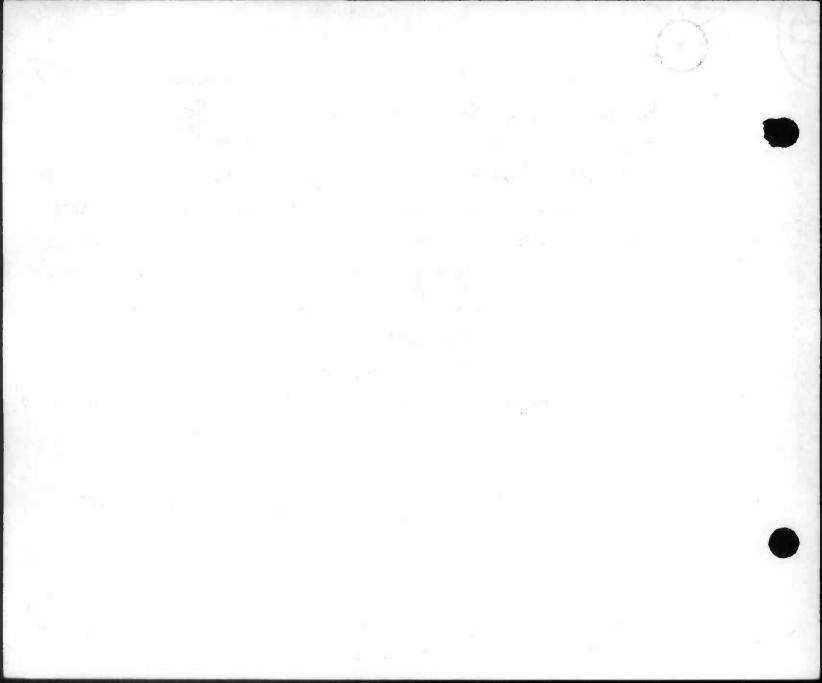
	ر راء	STATE REGISTRAR			DEPART		EALTH AN ICATE OI	D MENTAL HYG DEATH			8 370		
	1. DE	EASED NAME	EJRST	A	AIDDLE	, ,	AST		REG. NO.  2a. DATE_OF DEATH M	ONTH DAY	YEAR	2b HOUR	57
6	_	DEPRINTY FI	TWAI	m	11/	100	tor		Februar	, 319	85	5 =	7
	3. SEX	/		A. RACE	,	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST LAST		DER I YEAR	IF UNDER 741	
		Uplo	- 1	4/6,9	15	JULY	DAY 29.	1898	87	YRS MONTH	S DAYS	HOURS A	WIN.
4		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CITY OR	THO.	EATH		
		MARYLAND		USA		WIDOWE		R MARRIED	Hartor	· N-			MD.
1	10. GI	TY OR TOWN OF DEA	ATH	11. NAME OF H	IOSPITAL, NURSI	NG HOME C			126 USUAL OCCUPATIO			BUSINESS	_
	4/21	re de Gr	Ace.	HACT INSUC	DO OF STREET	Vien	, He	50	(RET) CARPENT		DUSTRY	/T AF	G.
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		MD	HARFDE		HAVRE de		YES 🗌	NO 🛛	1542 CHAPEL			21D78	
1	14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHE	R'S MAIDEN NA	ME		LAST		
1		CHARLES		INDIN	JESTE	R		JULIA	ELLA		MELV]		
1		VAS DECEASED EVER		AED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFOR	TAAN	ADDRES	S		01007	
	(1	NO NO	(18 125, 0142	WAR OR DATES	215 12 7	355	JDAN	ANN HAYES	255 JACKSON PA	RK RD. PC	RT DEF	21904 POSIT,	MD
		PART I. DEATH W  Conditions, if ony, gove rise to imm couse (a), static underlying cause	which mediate g the last.	DUE TO, OF	CATO RAYACONSEQUE RAS PECONSEQUE PROTECTION	LOC DOCE OF DOCE OF DOCE OF	an estic Bita	rest hear ricular	- Holisesse J Block	,		VATE INTERVAL	
2	CERTIFICATION	1) 0/	d Ce	TI DANS	TION FOR WHICH	av	A CLA N WAS PER	FORMED	TOO AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	RE FINDING CAUSES	GS USED	11
1		218. ACCIDENT WAS UNI		TH HOUR A.	K. MONTH D	AY YEAR	IZIC HOW	INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 O	RPART 2)		
	WEDICAL	(IF EITHER NOTIFY MEDI				19	211 LOCA	TION					
	MED	216. INJURY OCCUR		21e. PLACE (	DE INJURY EET, FACTORY, OFFICE,	FARM, ETC )	STR		CITY OR TOW	N C	OUNIY	STAT	E
Н		AT WORK AT WO	RK			2	_ 4	2 85	- 1 - 1	9	85		
		220 I certify that (I) saw the decease		al) attended the	de deseased from .	83	al short in In	, 19 <u>20</u>	death occurred on the dat	19		hot (1) (we)	
		above (1) (we) (	did) (did not	view the body	ofter death.			y (our opinion	death accorded on the dor				
		22b. SIGNATURE	10)	1/250	15		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF	p	ZA DATE S	19	ph
		22d HI SKIANSN	AME (TYPE OF	PRINT)	1110		22e. ADDR		JUNECTOR PHISICI	7	1	1//0	
		SAKIC	I 11	1.KI	M		308	S. Un	ion the H	allee d	Gn	kel, 6	yd
		SURIAL, CREMATION,	REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY O	R CREMATORY	23d LOCATION CITY OR TOWN	COU	NIY	2/0	18
		BURIAL		6FEBRUA	RY85	ANGEL	HILL CE	METERY	HAVREdeGRACE	. HARFORD	) CO.	MARYL	IND

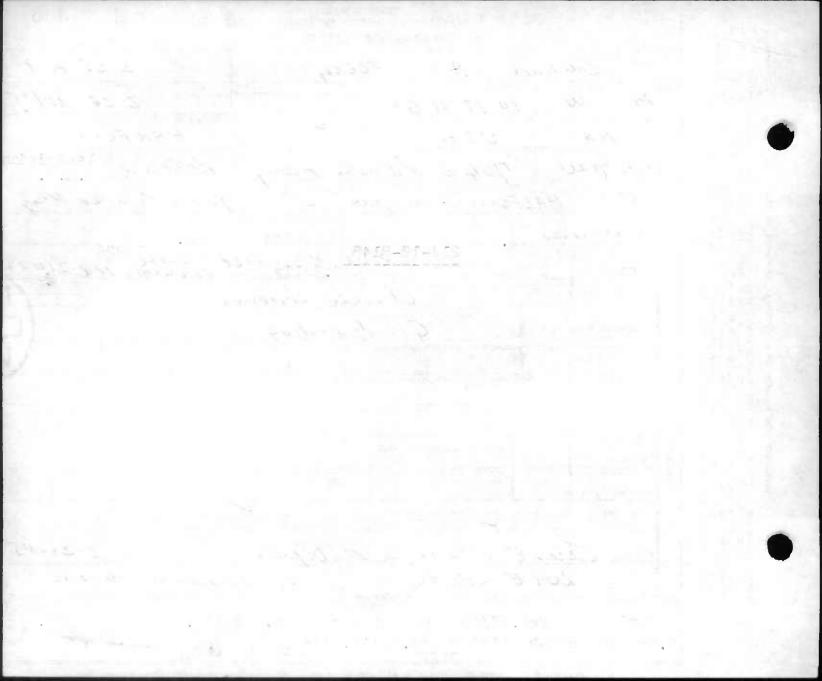
DHMH - 16 50M 4/83

(VRA 15, 4)

10 FUNERAL DRECTOR, should be detached for use with the State Dept. of Heal MPORTANT, If Isem 21 is m

24 FUNERAL DIRECTOR
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.





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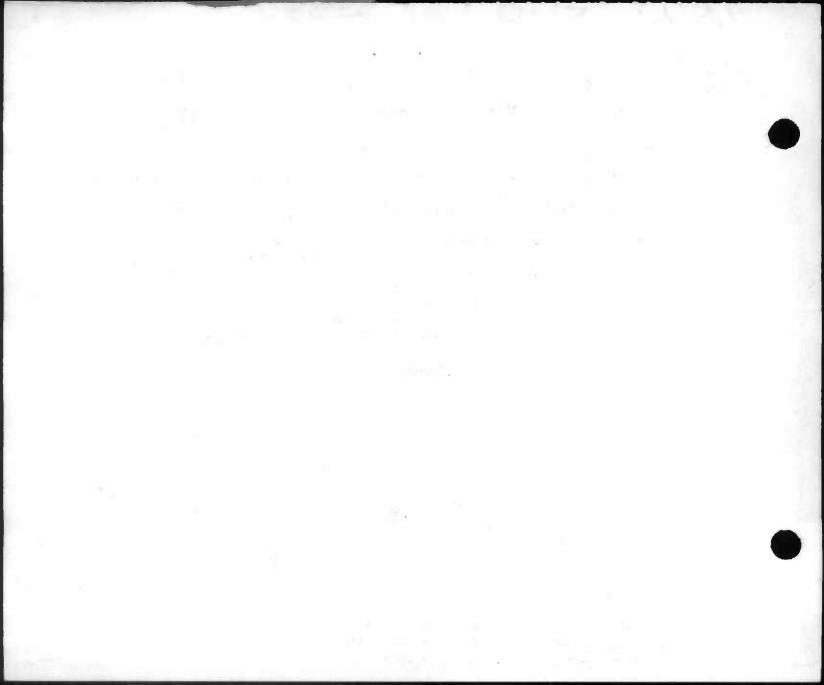
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TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or ottending physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and competity tilled in by the funeral direct provides detached for use as the busidistance permit. Then please remove corbonopers. Pages mand 2 should be filled within 72 hour after with the State Dept. of Health and Mental Propres prior to burief, cremation, or removal.
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	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND BEALTH AND MENTA ICATE OF DEATI		8 S	0 5	3	38
		CEASED NAME FIRST STEP	hen John	1 2	ushar	2a. DAT		DA 16	VEAR 85	26. HOUR 535 A
	3. SEX		4 RACE White	S. DATE C	OF BIRTH	AR	(IN YEARS LAST BIRTH		ER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT CO	HINTRY2 8	D NEVER MARRIE	9. BALT	ARFOR	COUNTY OF D	EATH UNT	Y MD.
	7	ALLSTON	11. NAME OF HOSPITAL, (IE NOT IN SUCH FACILITY, OF	GENERA	14 - 22	(TYPE OF	JAL OCCUPATION WORK FOR MOST OF V	WORKING LIFE! IN	DUSTRY	1
)	w			OR TOWN  WILE (21087)	13d. INSIDE CITY LIM	24:	EET ADDRESS / 132 Whith	ZIP CODE READ	210	187
1	14 FA	THER'S NAME FIRST	MIDDLE Kray	Shar	15. MOTHER'S MAID	MAE	WIDDLE		KNOWI	Η
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	T 1111 D OD O 11111	14-2819	Mastephen		2706 50	s midy Hook Hill, Marrylr	tal m	MATE INTERVAL
	TION	Conditions, if ony, which gove rise to immediate cause tol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CO	ING TO DEATH BUT						
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO		YES	□ NO <b>[X</b> ]	706. IF YES, WEF IN CERTIFYING YES [	CAUSES	GS USED OF DEATH? NO
	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AND	21e. PLACE OF INJURY 1AT HOME STREET, FACTOR TO STREET BECOME	d from	od that in (my) (our) of the ADDRESS	ppinion death occ	city or town	e ond hour and	OUNTY . 1	
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE FEb. 18, 1985		EMETERY OR CREMA		OCATION CITYOR TOWN	-16- N	MIY AND	STATE
	<b>**</b>	INERAL DIRECTOR TOSA	BEI Air, MA	ADDRES WITTEN			BY REGISTRAR 25			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is marked as their NE shows any injury, at other troumotic event, the medical



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

and campletely filled in by the funeral director.

	FOR			
	FOR			
	STATE			
-				
	DECKETO AD			

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

I. DECEASED NAME						REG.			-
(TYPE OR PRINT)	FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	NELSON		Lee	KYLE			2 -	15- 85	9:20
3. SEX		I. RACE		5. DATE OF E	DAY YEAR	6. AGE (IN YEARS LAST	77	MONTHS DAY	
MALE		WHIT		9 -	16 - 99		35 YRS		
70. BIRTHPLACE (STATE Maryland.	E OR FOREIGN	USA.	WHAT COUNTRY?	MARRIED (	NEVER MARRIED	9 BALTIMORE CITY Harford			
10 CITY OR TOWN OF	DEATH			G HOME OR	OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND	OF BUSINESS
Havre de G		utizen	S Nursing	J Hame		Station Ma	ster	INDUSTE Ra	ilroad
USUAL RESIDENCE (# 130. STATE Maryland	13b COUN' Harfo:	other institution TY rd	Fallstor	N 13	d. INSIDE CITY LIMITS?	911 Water	s Ave	nue 21	L047
14. FATHER'S NAME				15	MOTHER'S MAIDEN NA				
Lee	Hu	gh	Kyle		Rache1	WIDDLE		Hughe	
160 WAS DECEASED E		MED FORCES?	166 SOCIAL SECU	1	INFORMANT		RESS	2104	
(YES, NO OR UNKNOWN	(	_	705-10-8	3899 M	urriel Kyle	, 911 Water	s Ave	, Falls	ston, Md
PART I. DEAT	H WAS CAUSED		CAPDI		RREST	1			OXIMATE INTERVA
Conditions, if gave rise to		(b)	1 1 - 10 1						
PART 2 OTHER	ouse lost.	(c)_	ONTRIBUTING TO C		OT RELATED TO THE TERM	MINAL DISEASE OR CO		IVEN IN PART	1(a
PART 2 OTHER	SIGNIFICANT CO	onditions <u>co</u>		DEATH BUT NO	4 CH	3 STRUI 200 AUTOPSY?	20b. IF YI	ES, WERE FINI	DINGS USED
PART 2 OTHER	SIGNIFICANT CO	ONDITIONS COND	ONTRIBUTING TO C	DEATH BUT NO TO M) OPERATION V	A C/A	200 AUTOPSY? YES NO NO	20b. IF YI IN CERT	ES, WERE FINI FIFYING CAUS YES	DINGS USED ES OF DEATH?
PART 2 OTHER Plan DATE OF OP  19a DATE OF OP  21a. ACCIDENT WA	SIGNIFICANT CO	I 9b. COND  21b. TIME C HOUR A.	ONTRIBUTING TO DE	OPERATION V	4 CH	200 AUTOPSY? YES NO NO	20b. IF YI IN CERT	ES, WERE FINI FIFYING CAUS YES	DINGS USED ES OF DEATH?
PART 2. OTHER PART 2. OTHER PART 3. OTHER PART 3. OTHER PART 3. OTHER PART 4. OTHER PART 4. OTHER PART 5. OTHER PA	SIGNIFICANT CO	DNDITIONS CO 19b. COND 21b. TIME C HOUR A. P.	ONTRIBUTING TO DESTRUCTION FOR WHICH	OPERATION V	A C/A	200 AUTOPSY? YES NO NO	20b. IF YI IN CERT Y	ES, WERE FINI FIFYING CAUS YES	DINGS USED ES OF DEATH?
PART 2 OTHER PART	SIGNIFICANT COLORED  CAUSE OF DEAL EXAMINER;  CURRED  Of WHILE OF THE COLORED  OF WHILE OF THE C	(c)	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  M.  OF INJURY  REET, FACTORY, OFFICE, F	OPERATION V  AY YEAR  19  ARM, ETC.)  2	NAS PERFORMED  It HOW INJURY OCCUR  IL LOCATION STREET  19 85  that in (my) (our) apinion	200 AUTOPSY? YES NOTER NATURE OF IN CITY OR	20b. IF YI IN CERT JURY IN ITEM 18	ES, WERE FINITIFYING CAUS YES	DINGS USED ES OF DEATH! NO  )  STAI
PART 2 OTHER PART	SIGNIFICANT COLOR	(c)	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  M.  OF INJURY  REET, FACTORY, OFFICE, F	OPERATION V  AY YEAR 19  ARM.EIC.) 2	NAS PERFORMED  IL HOW INJURY OCCUR  IL LOCATION STREET  ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTER NATURE OF IN CITY OR	20b. IF YI IN CERT YOUNG TOWN	ES, WERE FINITIFYING CAUS YES	DINGS USED ES OF DEATH? NO  STAI
PART 2 OTHER PART	SIGNIFICANT COLORED  CAUSE OF DEAL EXAMINER;  CURRED  Of WHILE OF THE COLORED  OF WHILE OF THE C	(c)	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  M.  OF INJURY  REET, FACTORY, OFFICE, F	OPERATION V  AY YEAR 19  ARM.EIC.) 2	NAS PERFORMED  It HOW INJURY OCCUR  IL LOCATION STREET  19  Inhot in (my) (our) opinion  GREE	200 AUTOPSY? YES NOTER NATURE OF IN CITY OR death occurred on the	20b. IF YI IN CERT YOUNG TOWN	ES, WERE FINITIFYING CAUS YES	DINGS USED ES OF DEATH! NO  )  STAI
PART 2 OTHER  PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IFETHER NOTHER AT WORK  22a. I certify the Sow the de Sobove, (I) (w 22b. EIGNATURE  27d PHYSICIAN  27d. PHYSICIAN  (SPECIFY)	SIGNIFICANT CO	(c)	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION DE CON	OPERATION V  AY YEAR 19  ARM. EIC.) 2  NAME OF CEM	NAS PERFORMED  IL HOW INJURY OCCUR  IL LOCATION STREET  John tin (my) (our) opinion  GREE  ATTENDING PHYSICIAN  20. ADDRESS  ATTENDING PHYSICIAN  CEMETERY OR CREMATORY  CEMETERY OF CREMATORY	200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF IN  CITY OR  deoth occurred on the  MEDICAL ST  DIRECTOR PHYS  23d LOCATION CITY OR TOWN	JURY IN ITEM IS  TOWN  dote and ha	COUNTY	STAI
PART 2 OTHER  PART 2 OTHER  190 DATE OF OP  190 DATE OF OP  210, ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTHY 21d, INJURY OCC AT WORK  220, I certify the Sow the de- obove, (I) (w 220, BIGNATURE  230, BURIAL, CREMATI	SIGNIFICANT CO	In the Body  It is the Body	ONTRIBUTING TO DE INJURY  M. MONTH DA  M. OF INJURY  REEL, FACTORY, OFFICE, F  OFFICE deceased from  OFFICE deceased from  19  VAIC 12  23c. N	OPERATION V  AY YEAR  APPLICATION V  ARM, ETC.)  ARM, ETC.)  ARM OF CEM  CALLED AND ARM OF	NAS PERFORMED  It HOW INJURY OCCUR  IL LOCATION STREET  19  ATTENDING PHYSICIAN  20. ADDRESS  ETERY OR CREMATORY Cemetery IJ Methodis  150. Da	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF IN  CITY OR  death occurred on the  MEDICAL ST DIRECTOR PHYS  CITY OR TOWN  Fallstor	JURY IN ITEM 18  TOWN  AFF  ICIAN   Ha	ES, WERE FINITIFYING CAUS YES  COUNTY  COUNTY  221. DA  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	STAL  STAL

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

2 - 12 - 15 - 15 - 15 19 - 31 - 7

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oth. Poge 4 m		rol director	72 hours of the	
urs ofter dec		n by the fune	e filed within	
within 24 ho		letely filled	d 2 should b	
be executed		on ond comp	. Pages 1 on	
G HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after death. Page 4 may be		TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director.	should be despressed for use or the busing strangs perms. Then please corbon popers. Pages 1 and 2 should be filed within 72 hours of strangs.	with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.
of the deof		y the otter	e remove	cremotian
requires th		a bengis us	Then plets	or to buried,
The low	boar.	ofe hos be-	must permit	ygiene prid
PHYSICIAN	ending phy	this certific	e byrial-fra	of Mental H
TENDING	Hal as att	OR After	Or use on th	Health or
TAL OF AT	etained by the hospital or attending physican	RAL DIRECT	deroched for	othe Dept. o
O HOSPII	ettrined b	TO FUNES	should be	a. 并 作

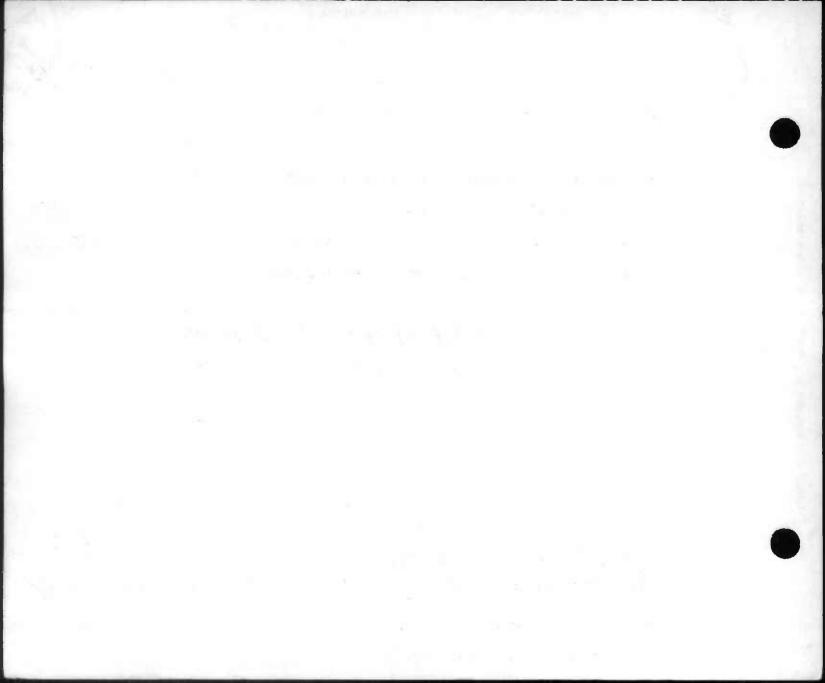
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	

	1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTA		REG. NO.		
1		CEASED NAME FIRST	M	IDDLE	į.	AST		20 DATE OF DEATH MONTH DA	Y YEAR	26 HOURS
	(TYPE	E OR PRINT)	V	VILLIAM	1	acnex		2	1 45	3 /AM
	3. SE		4. RACE	VILL I HIV	5. DATE C				UNDER TYEAR	IF UNDER 24 HRS
	М	ALE	WHITE		OCTO	BER 13, 1905		79 YRS	DAYS	HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIE	D [X]	9 BALTIMORE CITY OR COUNTY C	F DEATH	
35		arvland	USA		WIDOWE			Harford		MD.
pe	10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTIO	N	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OI INDUSTRY	F BUSINESS OR
1000		arre de grace	Harf	and Mar	nono	ul Hospi	tal	FARMER	FARMIN	G
od 15		IAL RESIDENCE (# NURSING HOME OR STATE 1136 COUN		THE RESIDENCE BEFORE		13d. INSIDE CITY LIM	VITS?	13e.STREET ADDRESS / ZIP CODE		
500		MD HARFO		HAVRE de		YES NO		3401 OLD LEVEL ROAD		21078
pine	14_F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	EN NAM	AE MIDDLE	LAST	
JC No				LARNER		MARGARE	T	WINDSE	ARMSTRO	
ico		WAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		
) medicol	,	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	218 03 80	99	GERALD W. L	ARNE	R SAME AS #	13e	
r froumotic event, th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gove rise to immediate couse (a), stofing the	D BY: E CAUSE (o) DUE TO, Ok	03193120U	7 C P	FORE	CAYO	ZCINOMA-	SETWEEN C	WATE INTERVAL INSET AND DEATH
y injury, ar othe	TION	PART 2 OTHER SIGNIFICANT (	( Ic) CONDITIONS <u>CO</u>		DEATH BUT		T Z	NAL DISEASE OR CONDITION GIVE		
2	CERTIFICATION	196. DATE OF OPERATION	196. CONDIT	TON FOR WHICH	OPERATIO	N WAS PERFORMED			WERE FINDIN NG CAUSES	
di 18 mag	MEDICAL CER	?]0. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA	AY YEAR		OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
red or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
m 21 is ma		220.1 certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	-21	19.	1		SS opinion d	leath occurred on the date and hour	and from the c	4
±+		NATURE TO PHYSICIAN'S NAME (TYPE O	min	nefr	Em	DEGREE ATTEND PHYSIC 172e ADDRESS		MEDICAL STAFF DIRECTOR   PHYSICIAN	2h DATE	127
MPORT.	1	DANTEV	1. MD/	VAKI	1	1AMY	1	de (isu, M	& 3	7078
_		BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE			EMETERY OR CREMA	TORY		COUNTY	STATE
	24. F	BURIAL UNERAL DIRECTOR	5FEBRUA	ADDRESS		IN CEMETERY	50. PATE	HAVRE de GRACE, HA		
	١	MITCHELL FUNERAL HO	ME PA, HAV	RE de GRAC	E, MD	21078	1 1	1303		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



FOR D
STATE
REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

Ì		EASED NAME PIRST CA	THERINE	(nmn)	LEV	LEVESQUE	20. DATE OF DEATH	2-15	-PS	26. HOUR 157
ł	3. SEX		1 RACE		S. DATE C		6. AGE (IN YEARS LAST B		INDER 1 YEAR	IF UNDER 24 HRS.
		Female	White		NOV.	15, 1909 YEAR	75	YRS.		HOURS MIN.
A				WHAT COUNTRY?	B. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	-	nkers, N.Y.	USA		WIDOWE	D DIVORCED	1 NAR	TORD		MD.
9	II. GII	TY OR TOWN OF DEATH	LIF NOT IN SUC	H FACILITY, GIVE SPEET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA		126. KIND O INDUSTRY	F BUSINESS OR
4	PESTA	LLS TO NU LL RESIDENCE (IF NURSING HOME OR		TON GE		L NOSPITA	2 Homemaker		///	15 00
4	13a. S	TATE HINCOUN	TY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?			70%	999
4	_	nnecticut Fairf	ieia	Greenwic	n	YES NO	143 Church	Street	068	30
A	2		MIDDLE	Do Ti ai a		FIRST	MIDDLE		LAS	1
	The M	AS DECEASED EVER IN U.S. AR	MED EORCES?	Palicia	PITY NO	Anastas:	La	FCC	ivic	0
			E WAR OR DATES)					conn.	0683	-
1	n			1107-05-0	W.I.W.	Joseph A. 1	Levesque, 43	Church		MATE INTERVAL ONSET AND DEATH
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per D BY:		Em 1	n-			BETWEEN	ONSET AND DEATH
1		IMMEDIA1	E CAUSE (o)		SIVI	N				
1		Conditions if any which	DUE TO, O	R AS A CONSEQUE	NCE OF	AS HEADS	FAILUR	E		
		Conditions, if ony, which gave rise to immediate	(b)_	0.00	-0/13	10 MONIVO	7,7,7,0			
		cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	ME	HEBRIT	DISEAS	5		
		PART 2. OTHER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COI	DITION GIVEN	IN PART 10	
	NO				al	4				
ř	CERTIFICATION	90. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
	THE						YES NO	YES [		NO 🗆
3	8	210. ACCIDENT WAS UNDERLYING	410110 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEA	1177	My	19					" SALE
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OP INJURY	ARM, ETC )	211. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
	~	AT WORK AT WORK								117.35
1		22a.1 certify that (1) (this hospi				. 19	, to			that (1) (we) lost
		saw the deceased alive an above, (I) (we) (did) (did no	t) view the body	ofter death.			an death occurred on the	late and hour ar		
	8	22b. SIGNATURE	1/000	-61	1 1	DEGREE ATTENDING	MEDICAL ST	AFF	220. DATE	SIGNED
		Marin'	0 0-002	coure	~	PHYSICIAN	MEDICAL ST.	CIAN	7/10	125
		22d. PHYSICIAN'S NAME (TYPE O	PAIA!	owsles	ner	220 ADDRESS	11 MAIN		5821	AR, MO
Ц		7777070								
	(	URIAL, CREMATION, REMOVAL	Feb. 18	1005 -		COMOTOR CREMATOR	CITY OR TOWN	man g to man	OUNTY	STATE
		Rurial UNERAL DIRECTOR	L	1200   36	• LICIT À	Cemetery	Greenwich			Conn.
	100	ward K. McComas	TTT 7	hi nodon	Md ·	21009	FEB 2 0 1985	Cura Da	Hada	and a race
	110	walu R. Ficcolla	O TTT' E	mangaon,	L'AL .	21007		V		

DHMH - 16 50M 4/82 (VRA 15, 4)

	1 -	STATE REGISTRAR	DEPARIN		ICATE OF DEATH	REG. NO	),		
		CEASED NAME FIRST GENEL	VIEVE M.	Ĺ	OUETT	20 DATE OF DEATH	ary 1		22 4 M
	3 SE)	FEMALE	WHITE.	5. DATE O		6 AGE (IN YEARS LAST BIRTI		FUNDER LYEAR IF UNDER 24	HRS MIN,
39		RTHPLACE (STATE OR FOREIGN OUNTRY)  NEW YORK	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D MEVER MARRIED	9 BALTIMORE CITY OF	A -	COUNTY,	MD.
100		TY OR TOWN OF DEATH URE DE GRACE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 716, COMME	ADDRESS)	0 0 0 0	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	IZE KIND OF BUSINESS INDUSTRY I+OSPITA	
36	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE ARYLAND 136, COUN HA		E GRAGE	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS /	ZIP CODE	ree Stree	*
2	14. FA	THER'S NAME FIRST  VINCENT	GUILFOILE		15 MOTHER'S MAIDEN NAM FIRST GENEVIEVE	WIDDIE		GAVIN	
1		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 041-24		EDWARD J. LOVET	T SA	AME AS A		
		PART I, DEATH WAS CAUSE	L CAUSE (U)	O PUL	MONARY AR TIC ADEN OF S		OMA	APPROXIMATE INTERVA BETWEEN ONSET AND DE	АТН
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E						
X	TIFICATI	Dec. 1984.	CARICINGM INTESTINA	A ST	DMACH WITH	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?	?
9	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DA	AY YEAR 19	21c HOW INJURY OCCURRI				3.
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE, F		STREET	CITY OR TOV		COUNTY STAT	
		sow the deceased alive an	tal) attended the deceased from (29191985 19	-	nd that in (my) (our) opinion d	-	- Aller	that (I) (we and from the causes state	
	-	27b SIGNATURE	200.		D. ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	2/13/1	198
		TRIPURANEN	RASAGOPALA K	RAO.	13 W RIN	G FACTOR) BEL AL	ROAR	ND . 210/1	4

23c NAME OF CEMETERY OR CREMATORY

MT. ERIN CEMETERY

23d LOCATION
CITYORTOWN
HAVRE de GRACE, HARFOD DO., MD.

250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 1 5 1985

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 730 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

24 FUNERAL DIRECTOR

236. DATE

MITCHÈÉL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

16FEBRUARY85

TO FUNERAL DIRECTOR.

BP.

Tax / Tax 14

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

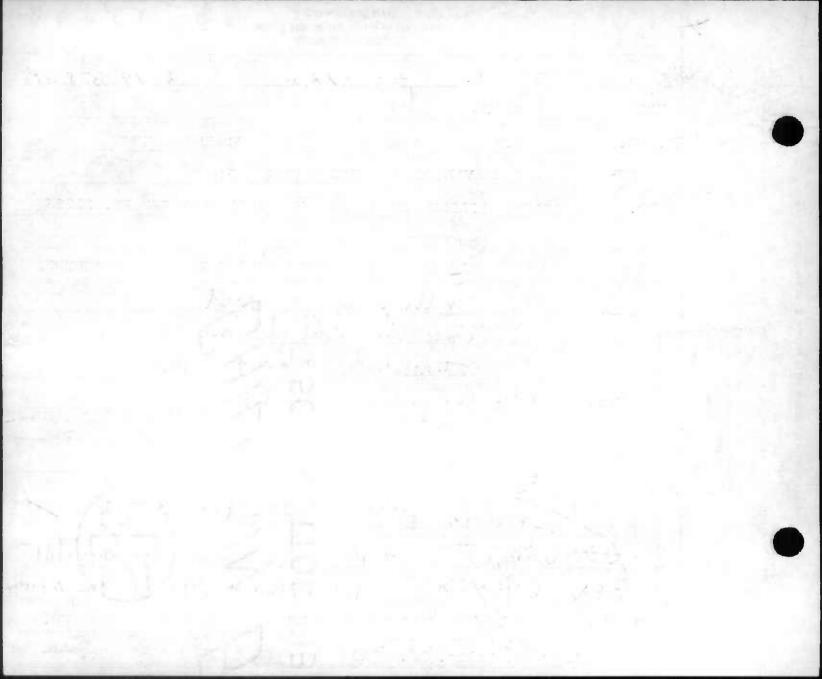
3	5	0	5	3	4	3

- STATE REGISTRA	R			CERTIFI	CATE OF DEATH		REG. NO.				
I. DECEASED NA	ME FIRST	MIDD	DLE	LA	ST	20. DATE C	OF DEATH #	YAO HTHO	YEAR	2h. HOUR	
(TYPE OR PRINT)	WILLI	AM T	. Ma	CCU.	BBIN			2 19	1 85	8:201	
3. SEX		4. RACE	1	DATE O	F BIRTH	6. AGE (IN	YEARS LAST BIRTH	MON	INDER I YEAR	IF UNDER 24 HRS	
MALE		WHITE		MARC	сн 7 <sup>^°</sup> 190 0°0°	8	3 4	YRS	JA15	HOURS MIN.	
To. BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY? 8	AAA DDIED	□ NEVER MARRIED □	9 BALTIM	ORE CITY OR	COUNTY OF	DEATH		
MD.		USA		WIDOWE	_	HAF	RFORD	COUNT	Y	M	
ID CITY OR TOW	'N OF DEATH		SPITAL, NURSING		R OTHER INSTITUTION		L OCCUPATIO		12b. KIND OI	F BUSINESS OF	
BEL AI	R	BEL CON	VALESCE	NT N	URSING HOM		ERK			-	
USUAL RESIDENCE 130. STATE MD.	CE (IF NURSING HOME OF 13b. COU!	VTY 13	E RESIDENCE BEFORE AL C. CITY OR TOWN BALTIMOI	1	134 INSIDE CITY LIMITS?	13. STREET 4231	ADDRESS / DARL	ZIP CODE EIGH I	RD. 2	1236	
FATHER'S NA			LAST		15. MOTHER'S MAIDEN NA	AME	WIDDLE		LAS		
JOH	_	ENTZ Ma	CCUBBI	1	CATHERI	NE	M.			IEU	
	SED EVER IN U.S. AR		14-03-		17 INFORMANT A GLADYS	KOLB	ADDRES (NIEC		ME AD	DRESS	
In CAUSE	OF DEATH (Enter DI	ly one couse per lin	e for in) (b) and i	r:1			-		APPROXI BETWEEN (	MATE INTERVAL ONSET AND DEATH	
PART I.	OF DEATH (Enter of DEATH WAS CAUSE		indu	An	lmoun	and	2				
	IMMEDIATE CAOSE (0)										
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which (b) Concession (b)										
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF.										
	underlying cause lost.										
DART 2 O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
19g DATE C	OF OPERATION	196. CONDITION FOR WHIGH OPERATION WAS DERFORM				200 AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES O					
윤			0			YES 🗆	NO	YES [		NO	
19a DATE C	INT WAS UNDERLYING				21c. HOW INJURY OCCUP			IN ITEM 18 PART	I OR PART 2)		
OD CONTROL	BUTING CAUSE OF DE	AIR	MONTH DAY								
	NOTIFY MEDICAL FXAMINE	P.M. 21e PLACE OF	INJURY	19	211 LOCATION				6 O IN		
	NOT WHILE		FACTORY, OFFICE FAR	M, ETC )	STREET		CITY OR TOW	VN.	COUNTY	STATE	
AT WORK	ALWORK	anl) national and the	deceased from	JUL	V 1V 10 7	7 1	FEVS 1	9 10	85	that (I) (wells	
	22a.1 certify that (I) (this baspital) attended the deceased from 19 10 to										
obove	obove. (I) [pre] (did) (due not) view the body ofter death.  DECREE  22c DATE SIGNED (										
ZZE SIGNY	Alva I	Vom		A V ATTENDING MEDICAL STAFF							
1	CIAN'S NAME THE	~~/X/		PHYSICIAN DIRECTOR PHYSICIAN 1						1110)	
22a. PH 45	SEV	OTEY	ZA		1131 BAO	TIMOME	E Pila	t BE	LAH	R md:	
	MATION, REMOVA				EMETERY OR CREMATORY	23d. LO	CATION	1	OUNTY	BETSTATE	
BUR	IAL	2/22/	85 GAR	DENS	OF FAITH		MITIAE			MD .	
24 FUNERALDIA	IMUNEK F	UNERAL	HOME. I	NC.	250. DA	ATE REC'D. BY	Y REGISTRAR	7			
970	5 Belair	Rd. Ba	lto. Md	. 21	.236 FE	B 21	1985		Keison-1	milano	
- 10											

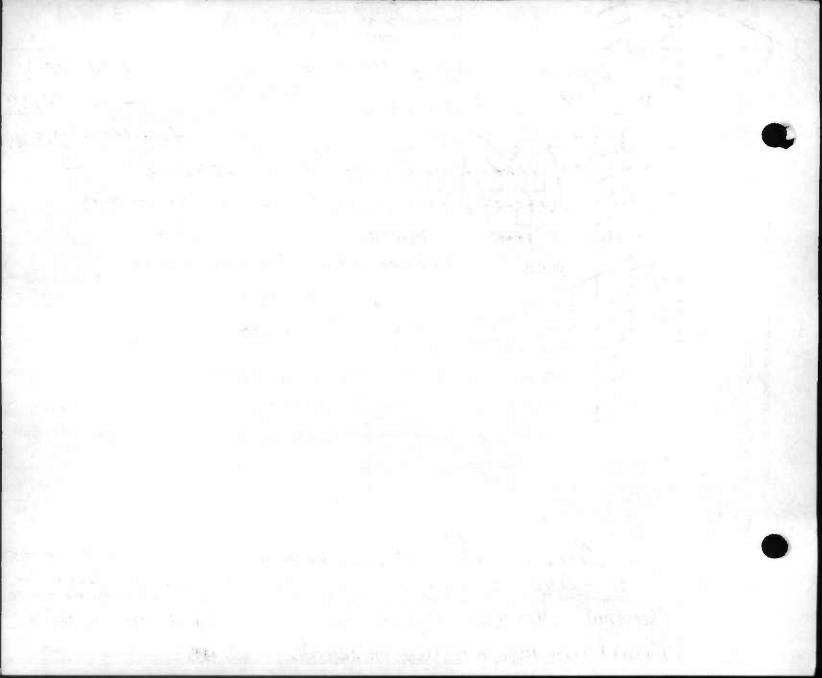
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpaters. Fages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.



VAS 1	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 5 3 4 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
1	DECEASED NAM (TYPE OR PRINT)	E FIRST DAVID	Sy	DLE	IARTI'N		REG. 20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 25 HOUF			
RY, PLEA DIRECTO OUR FILE ON STREE	SEX	w	1 3 2	6. AGE (IN YE LAST BIRTHD	ARS IF UNDER 1 YR. AY) MONTHS DAYS RS.		2c. DATE PRONOUNCED DEAD	MONTH 2	13 19 12 12 N			
S S S S S S S S S S S S S S S S S S S	FOREIGN COUNTRY)	SA	CITIZEN OF WHAT	A	8. MARRIED   NE	DIVORCED K	9. BALTIMORE CIT	ercle &	OF DEATH  ARFORME			
SHARES /		deen	2143 PU	GIVE STREET ADDRESS)	Lwy Lot	120 USU 120 USU	JAL OCCUPATION  AOST OF WORKING LIFE)  ABURIE	R TYPE OF WORK	2b. KIND OF BUSINESS OR INDUSTRY			
	30. STATE	(IF IN NURSING HOME OR C 13b, COUNTY HAR	THER INSTITUTION, GIVE RES	EDITY OR TOWN	134 INSIDE C	ITY LIMITS? 13e. STRE	Facul	ora	lee 6			
> T 7-7-1	4. FATHER'S NAMI	7)	BERRY	MART	15. MOTHE	ER'S MAIDEN NAME	UNK	<	LAST			
BALTIMORE, S. AFTER DEA GIVE PAGES I'TH FORM P. PAGES I'AN IVISION OF V.	(YES, NO, OR UNKNO	D EVER IN U.S. ARME	CORDATES)	SOCIAL SECURIT	799Z	Person	al Pay	Ly"				
. 2° 8 ≥ F.O.	18. CAUSE C PART I DI	DF DEATH (Enter only of EATH WAS CAUSED B )MMEDIATE	CAUSE (o)		ay cino v	natosi		=	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
W. PR WITH SINGE STAL	gove ri	ns, if ony, which use to immediate ) stoting the <u>under-</u> use lost.	(b)	Ca	OF L	layinx.						
S RESERVE		IGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH RUT NO	OT RELATED TO THE TERA	AINAL OISEASE OR CONDITIO	N GIVEN IN PART 1 (0).						
SHOULD YORD "PEI OND	190 DATE OF	OPERATION	19b. CONDITION	FOR WHICH OPER	RATION WAS PERFOR	MED?			20 AUTOPSY?			
CERTIFICATE STITING THE WCOED TO THE COED TO THE WCOED BIDEPARTMENT I PRIOR TO BE		AL CAUSE WAS  OR  NG CAUSE OF DE	21b. TIME OF INJU HOUR A.M. MC			OCCURRED (ENTER N	NATURE OF INJURY IN ITEM	18 PART I OR PART	2)			
DIVISION OF VITAL R.  R. THIS CERTIFICATE SHOULD SRWARDED TO THE CHIEF A R. PAGE 3 SHOULD BE USED. E. STATE DEPARTMENT OF HE ID. 21201 PRIOR TO BURLAL.	ONTRIBUTION OF THE PROPERTY OF	NOT WHILE AT WORK	21e PLACE OF IN STREET, FACTORY, F	IJURY (AT HOME,	211 LOCATION STREET		CITY OR TOWN	COUN	NTY STATE			
KAMINE D BE F WITH TH ARYLAN	deoth result	red from: Notural	of the remains describe		Autopsy ,	PECIFY)	Inquiry ,	ond in my opir	7 -14-2			
TO MEDICAL EX EXECUTE THE OF TO FUNERAL D AFTER DEATH, V BALTMORE, M	SIGNATURE EXAMINER'S (TYPE OR PRI	NAME / INC	ERI	ENJEL	M.D. ADDRESS		MICALEXAMINER	SIGNED	Haune a			
BALTA PAGE		TION, REMOVAL 23b.	DATE B. 18,1985	23c NAME OF CE	METERY OR CREMATO	DRY 23d LO	CATION OR TOWN ST CHESTER,	CHEST	ER, PENNA			
	24. FUNERAL DIREC	CTOR				25e. DATE REC'D. BY		EGISTRAR'S SK	GNATURE			



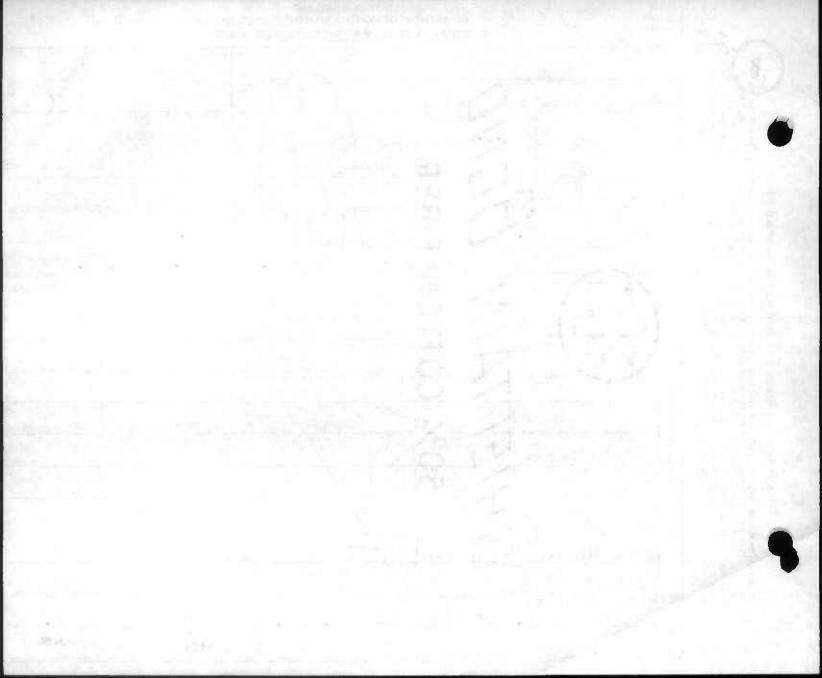
2/1.		DR ATE GISTRAR					STA MENT OF EXAMIN	HEALTH		MENTAL	- 4		REG	-	5	3	4 5
\$E (n	YPE C		richar			ayto C.				, Jr.		OF DEATH	KNOWN ESTI- MATED	6.5		16/19	85 25 HOU
- A	a]		hite		10	44				HOURS	R 24 HRS.	PRONOUI DEAL	NCED D	MOR	-,	16/19	85 P ,
DI	FOREIGN COUNTRY)  Maryland  1D. CITY OR TOWN OF DEATH  JOPPA  USUAL RESIDENCE (IF IN NURSING HOME OR OT 136, STATE  Maryland  Harf				U.S.A WIDOW					DIVOR	CED X	Har	ford	Cou	nty		
4					NAME OF HOSPITAL, NURSING HOME, OR OTH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! 2300 McGuigan Drive				FOR MOST OF TANKE TO ADDOCT						d 12	None	
13a. M.					13c. CITY OR TOWN			ONI	YES 🗌		230		cGui	210 gan	085 Dr	s5 rive	
9	F	HER'S NAME Richard		MIDDLE C.	. Mason			V. V. Č	15 MOTHER'S MAIDEN NAME MIDDLE Ada M.						Weston		
160	(YES,	S DECEASED EVER NO, OR UNKNOWN)  NO  CAUSE OF DEA	(IF YES, GIVE W.	NE	215-42-0511					RMANT lard C	. Mas	2300 on, S	MCGU Sr.	ligar Jopp	n Dr	ive Md.	21085
AL, CREMATION, OR REMOVAL		Conditions, if gave rise to cause (a) statin lying cause last	immediate g the <u>under</u>	(b) DUE	TO, OR TO, OR	AS A CON	nshot I	OF OF									
NO		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to															
TIFICAT		9a. DATE OF OPER	ATION				WHICH OPER	ATION V	I WAS PERFORMED?						HEAD YES	OPONLY X NO (1)	
MEDICAL CERTIFICATION	2	ID EXTERNAL CAU INDERLYING D CONTRIBUTING	OR CAUSE OF DE	? P.M. 2/ 16/19 85 SE					HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PA self inflicted wound					OR PART	()		
MED		21d INJURY OCCURRED  WHILE NOT WHILE AT WORK TEST PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  21f LOCATION  STREET (AT HOME. STREET, FACTORY, FARM, ETC.)  2300 McGugar, Joppa, Harford Co.,								COUNT	Md.	STATE					
	22e. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my apirtle of the remains described above, held an Autopsy X, Inspection I, Inquiry II, and in my apirtle of the remains described above, held an Autopsy X, Inspection II, Inquiry III, and in my apirtle of the remains described above, held an Autopsy X, Inspection II, Inquiry III, and in my apirtle of the remains described above, held an Autopsy X, Inspection III, Inquiry III, and in my apirtle of the remains described above, held an Autopsy X, Inspection III, Inquiry III, and in my apirtle of the remains described above, held an Autopsy X, Inspection III, Inquiry III, and in my apirtle of the remains described above, held an Autopsy X, Inspection III, Inquiry III, and in my apirtle of the remains described above, held an Autopsy X, Inspection III, Inquiry III, and in my apirtle of the remains described above, held an Autopsy X, Inspection III, Inquiry III, and IIII, and IIIII, and IIII, and IIIIII, and IIII, and IIII, and IIII, and IIII, and IIII, and IIII, and IIIIII, and IIIIIIIIII, and IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII								Ť,		7/85						
		XAMINER'S NAME	De	nnis	F	3myth	, M.D.		,ADDRESS		111	Penn	St.				

07/84 25M

DHMH - 17 (VR A1S ME (S)) 230. BURIAL, CREMATION, REMOVAL 23b. DATE

ABINGDON, MARYLAND 2000 1985

BURIAL Feb.20, 8
4 FUNERAL DIRECTOR
NAME
HOWARD K. MCCOMAS III



BY REGISTRARIES MEGISTRAR'S SIGNATURE

	1 -	FOR STATE REGISTRAR			DEPA		HEALTH AND		REG. NO.						
N		CEASED NAME	FIRST		MIDDLE	12.5	LAST		2a DATE OF	DEATH MONTH	DAY	YEAR	2b HOUR		
1	(11PE)	OK PRINT)	Willia	b)	R		me Nei	SR.		Feb.	8	1985	3:35		
	3 SEX	(		4 RACE			OF BIRTH		6. AGE (IN YE	ARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS		
	1	MALL		WHI	TE	MOI		og	75	YR			HOURS MIN.		
4		RTHPLACE (STATE	TE OR FOREIGN	76 CITIZEN C	S A	MARR	. 1	MARRIED T	9 BALTIMOR	LCITY OR COU	NTY OF	DEATH			
9	10. CIT	TY OR TOWN OF	DEATH	II. NAME O	F HOSPITAL, NUI	RSING HOMI			12a USUAL O	CCUPATION	Ti	2b. KIND O	OF BUSINESS OF		
	Ho	was Le	Grace	Har f	ord Me	MOCIA	Hospi	fal	LET T	LASTEL	10 - 10 m	NDUSTRY			
5	ISUA IBa. S	AL RESIDENCE (#	NURSING	OTHER INSTITUTE	130. CITY OR T	OWN PARE	7 13d. INSIDE C	ITY LIMITS?	13e.STREET A	BIPDI	0 0000 0	57	21915		
7	II FA	THER'S NAME	1	MIDDLE	TAST		15 MOTHER	S MAIDEN NA	AME	MIDDLE		1.45	CT.		
1		FRE	D		MENE.	AL	E	LISE			ON	WA	4		
)		VAS DECEASED I		MED FORCES E WAR OR DATES		7-826	17. INFORM	BARIA	men	ADDRESS CA	465	APEN	MA		
		Conditions, if gove rise to couse (a), underlying	immediate stating the	DUE TO,	OR AS A CONSE	OUENCE OF	(H	4	fail	we	_				
	7	PART 2. OTHER	SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DE ATH B	UT NOT RELATED	TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN I	N PART 1	0		
2	CERTIFICATION	19a DATE OF OF	PERATION	196 CON	IDITION FOR WH	ICH OPERAT	ION WAS PERFO	DRMED	70s AUTOR	20b IF IN CE	YES, WE	ERE FINDIR G CAUSES	NGS USED S OF DEATH?		
1	MEDICAL CER	(IF EITHER NOTIF)	CAUSE OF DEA	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEA	.R		RRED (SHITES AL)	UAR OF AUER IN ITEM	18 PART I	OR PART 2)			
	MED	21d INJURY OC	OT WHILE		CE OF INJURY STREET, FACTORY, OFF	ICE FARM ETCS	THE LOCATE		2	2		COUNTY	STATE		
		sow the be	ot (I) (this hospi eceosed olive on	Santa de amora	the deceased from	1 6	and that in (my)	(our) opinion	death accurred	on the date and	, 19.		that (1) (we) los causes stated		
		22b. SIGNATUI	X.	pu	ef	P	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN		2/0	3/85		
		22d PHYSICIA	L. FI	28/1	1CH		22e ADDRES	34	Cher	chuil a	é	Los	rel		

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: A should be detoched for use with the Stote Dept. of Heol

MPORTANT

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	O HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after deals. Age 4 may by etoined by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages, and 2 should be filled within 77 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
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## STATE OF MARYLAND

1						STATE	OF MARYLAND	8 5	0	5 3	41
ı	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.		9. 6.
		EASED NAME OR PRINT)	FIRST Prie	-	obin	Me	sserall	20 DATE OF DEATH	MONTH DI	VEAR	26 HOUR 1/ 55 M
	3. SEX	7	4. R	ACE W	/	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BII		F UNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	C	THPLACE (STATE OR F OUNTRY) Oming	OREIGN 7b. (		WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY S	COUNTY	OF DEATH	MD.
1	10 CIT	RE de GRA	ICE /	TARGO	HEACHITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired	ION		F BUSINESS OR
	Mai Mai	ryland	Harfor		GIVE RESIDENCE BEFORE 134. CITY OR TOW Aberdeer	N	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	136.STREET ADDRESS 125 Edmund		t/2100	)1
1	T4 FA	John	Aqu	ila	Tobir	1	15. MOTHER'S MAIDEN NA EIRST  Mara	ME		Rugg	
		AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARMED	IR OR DATES	520-07-7		17. INFORMANT John Messeral	1,125 Edmu			
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED B'	Y: AUSE (0)	line for (a), (b), an	iae	ans	June Co	20/1/64	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, gove rise to improve couse (a), static underlying couse	mediate ig the	(b) DUE TO, OF	R AS A CONSEQUE	ENCE OF		7			
	NOI	PART 2 OTHER SIGN	VIFICANT CON	IDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART To	3
1	CERTIFICATION	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES	
7		21d. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	216. TIME O HOUR A.I P./	M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	TILE	21e. PLACE ( {AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		22a I certify that (I) saw the decease above, (I) (we) (c	ed alive on	2/4/	85 19	-	nd that in (my) (our) opinion	death occurred on the d	ote and hour	and from the	
		22b. SIGNATURE	Afr	-el	)			MEDICAL STA		224. DATE	SIGNED 14/85
		1AN	AME WITH EN THE		DAVIL	LE	400 LEWI	5 57 7	HURL	E DE	GRACE

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL (SPECIEV) Burial

23d LOCATION
CITY OF TOWN
Bel Air, Gdns. Bel Air, Harford, Maryland

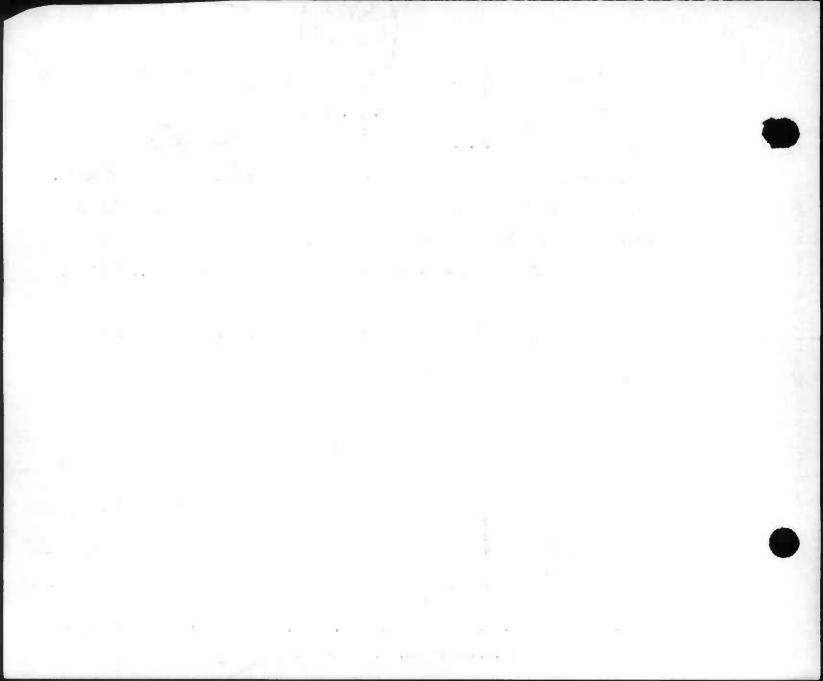
136. Date REC'D. BY REGISTRAR 136. REGISTRAR'S SIGNATURE

23. OCC D 7 1005

Funeral Home, P.A., Aberdeen, MD, 21001-3399EB

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 we



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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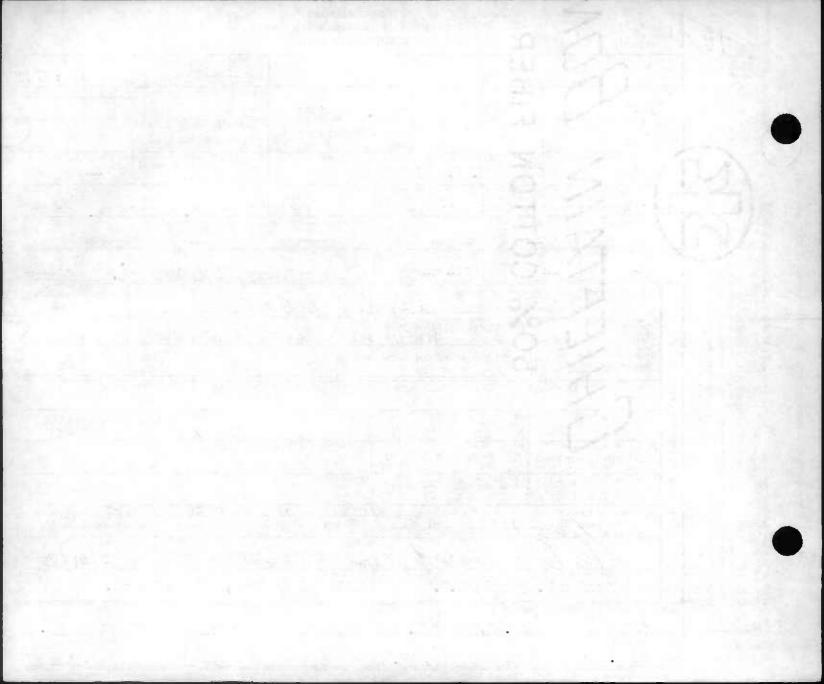
1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG	GIENE 5 3	0.	3 0	
	CEASED NAME	FIRST	1107	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1466	OR PRINT)	GLADY	S E	LIZABET	H MOR	GAN	February 2	1, 1985	5	12:45 A
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whit	е	Sept	. 22, 1911	73	YRS	VAIS	HOOKS MIN.
7a. B	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNT	RY2 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
Ma	ryland		USA		WIDOWE		Harford Co	ounty		MD.
10 C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NUF	RSING HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPAT		126 KIND O INDUSTRY	F BUSINESS OR
Fa	llston		1009° Ap	E. 3, M	ain Str	reet	Housewife	)	II ADOSTKI	
USU.	AL RESIDENCE (IF NUR	13h COUN		GIVE RESIDENCE BE		13d INSIDECITY LIMITS?	113e STREET ADDRESS	/ 7IP CODE		
	rvland	Harf		Falls		YES NO D	1009 Apt.		in St.	21047
	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAS	T
1	Woodland		MIDDLE	Adams		Pearl	milott.	To	wnsen	_
	VAS DECEASED EVER			166 SOCIALS		17. INFORMANT	ADDR		1. 210	
1	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	219-07	-6226	Roland and M	Mary Smith,			
	18 CAUSE OF DEA	TH (Enter or	ly ane cause pe	line far (a), (b)	, and je				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH		D BY: TE CAUSE (a)		HEPP	ATIC FAIL	WE		2	wes
NO	gave rise to im couse (o), state underlying cause	ng the	(c)	r as a conse		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 100	2
CERTIFICATION	19a DATE OF OPERA	ATION	19b COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	OF DEATH?
	21a. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM IB PAR	TIORPART2)	
MEDICAL	.21d. INJURY OCCUI	HILE		OF INJURY REET, FACTORY, OFF	ICE FARM ETC )	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		use alive or	. / 0	5	9 85 . a	nd that in (m) (our) apinion	death occurred an the c	ate and haur o	nd fram the	
	22b. SIGNATURE	arlo	SF/1	Haen	/		MEDICAL STA		22c DATE.	21/85
	22d. PHYSICIAN'S N Char		. Hoesc	h, M.D.		9712 Belair	Road, Balt	imore,	Md.	
E	BURIAL, CREMATION (SPECIFY) Burial	i, removal	23b. DATE Feb. 23			Cemetery OR CREMATORY	23d LOCATION CITY OR TOWN Bel Air	Ha	rford	Md.
	UNERAL DIRECTOR			ADDRE	55	for feet	TE REC'D. BY REGISTRAL			
HC	ward K. Me	Comas	TTT. A	bingdor	. Md. 2	21009	# 2 2 1985 -		a se should	andsee

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

Howard K. McComas III, Abingdon, Md. 21009

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending pheshould be detached for use as the burial-transit permit. Then please remove carboning with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo



ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exa

	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 5 REG. N	0	5 3	4 9
(	TYPE	CEASED NAME ORPRINT)	Ohn		Belfor	////	Mundis	Pebruge	MONTH DAY	984 2b	HOURS HAM
	SE)	Male	U. 5	Whit		5. DATE C	DAY YEAR	6 AGE (INYEARS LAST of	YRS	VIHS DAYS H	OURS MIN.
1	De	RITHPLACE (STATE OR F	- 10	USA	WHAT COUNTRY?	WIDOWE		HACTORD	COUNTYO	FDEATH	MD.
16	4	vre de 6	race	HAPT IN SUC	CO COLLITY, GIVE STREET	CM	Hospital	12ª USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Supr. Moto	F WORKING LIFE)	126. KIND OF B INDUSTRY US-GOV	
	30. S Ma	at residence (IF NURS STATE aryland	136 COUNT Harf	TY	GIVE RESIDENCE BEFORE  131. CITY OR TOWN  Abingdor		13d INSIDE CITY LIMITS? YES NO	3200 Phi		ia Road	1009
14	FA	John	Sỹ	lvester	Mund	lis	Luella	MIDDLE		mpson"	
16	(1	VAS DECEASED EVER YES, NO OR UNKNOWN} YES		WAR OR DATES)	217-09-85		James B.Mund	is, 3202 Ph	ss Abin iladelp	gdon,Mo hia Roa	d 21009
		Conditions, if ony, gove rise to imm cause (o), stotal underlying cause	which nediote g the	DUE TO, OI	R AS A CONSEQUE		myread	nal suffer	rehi		
The state of the s	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	VERE FINDINGS	
	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT CALEXAMINER)	P.i	M, MONTH DA M.	19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU			STATE
		22a. I certify that (1) sow the deglasse	(this hospite	ol) ottended the	e deceased from	-	nd that in (my) (our) apinion		2	85 , tho	t (I) (we) lost

DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE Feb.20,1985 Slate Ridge Cemetery

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Pate.

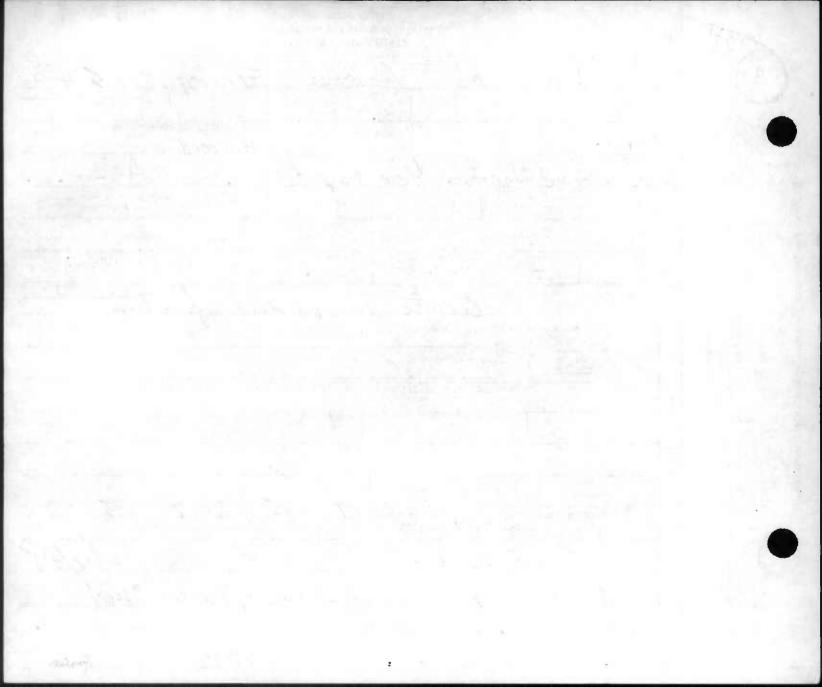
230. BURIAL, CREMATION, REMOVAL SPECIFY)

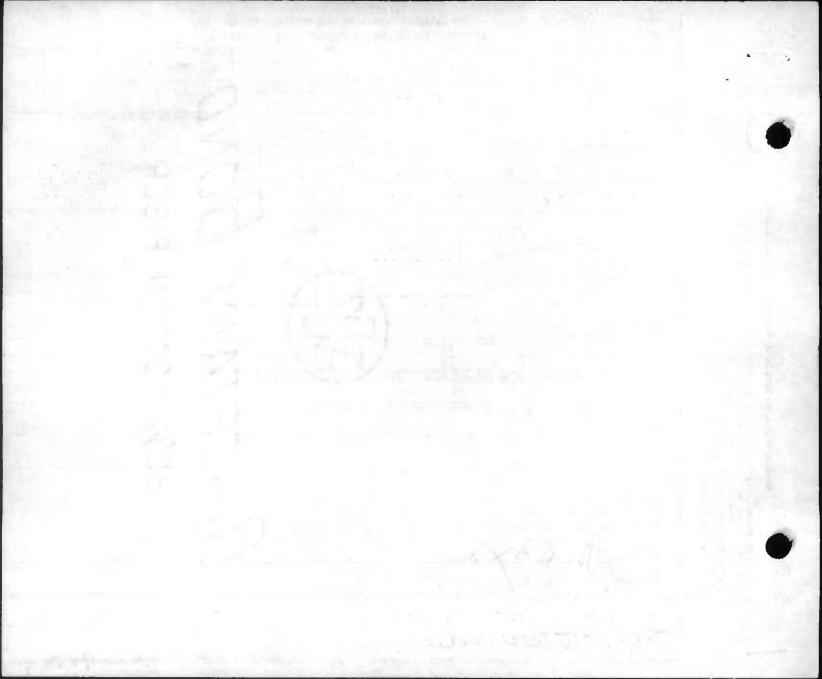
Burial
24. FUNERAL DIRECTOR

SOUN

Howard K. McComas III, Abingdon, Md. 21009

BY REGISTRAR 25% REGISTRAR'S SIGNATURE





A	Š	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 5	0 5 3 5
, be	pode 3		CEASED NAME FIRST WIN SIG	eld E.	Parker	20 DATE OF DEATH MONTH	185 II: 26 AM
4 mo	5 7	3. SE		4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR FUNDER 24 HRS
Poge	direct hours		Male  RTHPLACE (STATE OR FOREIGN COUNTRY)	Black  The CITIZEN OF WHAT COUNTR	October 22 1910 Y? ** MARRIED ** MARRIED ** NEVER MARRIED **  MARR	71 YRS	TY OF DEATH
death	( Table 2)	М	aryland	USA	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION		17b KIND OF BUSINESS OR
hours offer	11	Ha	ure de GRACE	IF NOT IN SUCH FACILITY, GIVE STR	emorial Hospital	(TYPE OF WORK FOR MOST OF WORKING Painter	
24 hau	filled in ould be	13a S	ALRESIDENCE (# NURSING HOME OF TATE 136 COUR arvland Harf		OWN 13d. INSIDE CITY LIMITS?	75) Battle Ave	
i di	2 sh		THER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN N		LAST
petoched	CO COM	16s. V	lovd Vas Deceased Ever In U.S. Ar (ES NO OR LINKNOWN)   1 (IF YES. GN	Parker RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	Etta ADDRESS	Green 21001
.0	0 % 0	N	O IS CAUSE OF DEATH (Enter of	210=05		attle,754 Battle	Ave. Aberdeen M
s that the death certificate	d by the attend ease remove co al, cremation, o		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	NA UMI, F	energ are led Impola typi.	4
reduires	ten signe t. Then pl or to buri	TION			O DEATH BUT OT RELATED TO THE TER		ES, WERE FINDINGS USED
The low	hos be the permission	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO NO	TIFYING CAUSES OF DEATH? YES NO NO
SICIAN	ding physici s certificate burial-transi Mental Hygi	MEDICAL CEI	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM TO	; PART 1 OR PART 2)
) Ha	attendii fer this as the bu h and M irked ar	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211. LOCATION STREET	CITY OR IOWN	COUNTY STATE
TENDI	TOR: Affor use of Health			ital) attended the deceased from		on death accurred on the date and he	, 19, that (I) (we) last our and from the causes stated
AL OR A	y the has RAL DIREC detached date Dept.		27b. SIGNATURE	Hu_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	276. DATE SIGNED
HOSPIT	D FUNERAL Tould be det The the State APORTANT:		AN to Ning	Calan min	1016 Edge	01	wood md
2	ē 5 € 3 ₹	730 (	LIPIAL CPEMATION PEMOVAL	1236 DATE 123	NAME OF CEMETERY OF CREMATOR	v 1734 LOCATION	

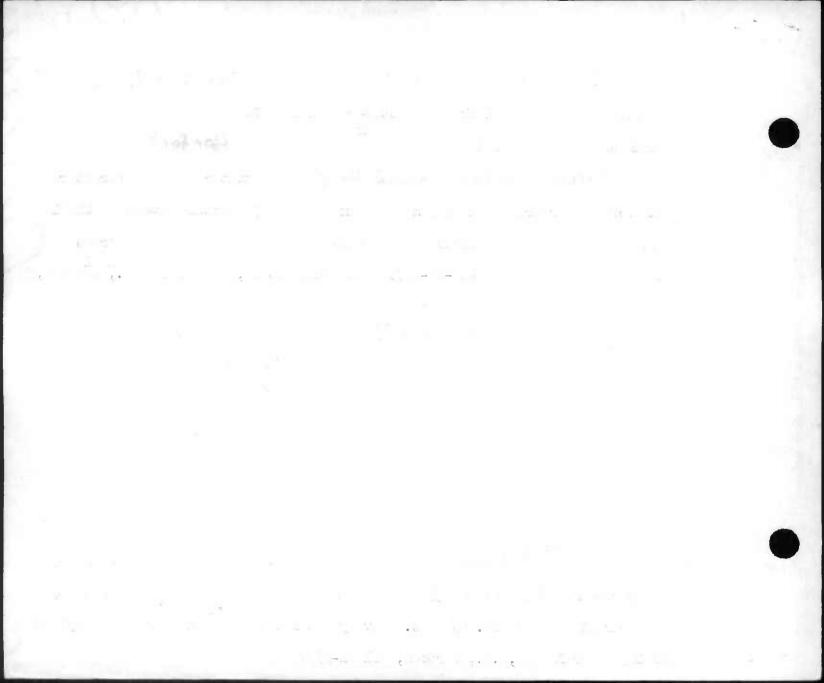
DHMH - 16 50M 4/83 (VRA 15, 4)

23b. DATE

23e. BURIAL, CREMATION, REMOVAL

(SPECIFY)

234 LOCATION
CITY OF TOWN
Aberdeen Harford 9 Feb. Maryland 85 Calwary Methodist Burial FEB 1 BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEVICES OF PERSONS AND PROPERTY OF THE PERSONS 24. FUNERAL DIRECTOR Tarring Funeral Home, P.A., Aberdeen, MD21001-3399



1.	FOR - STATE REGISTRAR	DEP		EALTH AND MENTAL HYO	REG. N	U 10.	5	0 0
	CEASED NAME FIRST	T MIDDLE	l	AST	20. DATE OF DEATH	MONTH OA	Y YEAR	26. HOUR
(TYP)	E OR PRINT)	TNTCK	PIC	ONE	2	5	85	44
3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HI
M	ALE	WHITE	MONTH 1	6 04	81	YRS.	DATS	HOURS
7a. B	IRTHPLACE (STATE OF FOREIGN		TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	OF DE ATH	
f. 1	taly	U. S. A.	WIDOWE	DNORCED	Harford (		A SEAT	
· 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		12a USUAL OCCUPAT	OF WORKING LIFE!	INDUSTRY	OF BUSINESS
F	allston	710 Old Falls	ston Rd,	Fallston, Md.	Shoe make	r	Swan	Shoe F
13a. 1	STATE 13b C	me or other institution give residence COUNTY ISC. CITY OR Falls	TOWN	13d INSIDE CITY LIMITS? YES NO X	710 Old Fa	ZIP CODE	Rd.	21047
7 14 F	Casimiro	MIDDLE Picone	9	15. MOTHER'S MAIDEN NA ROSALIA	ME MIDDLE		Vitale	şī.
	WAS DECEASED EVER IN U.		SECURITY NO.	17. INFORMANT		ESRte.		
n		es. Give war or dates)	L-4187A	Mr. Dominick	Picone, Fe	elton,	Pa. 1	.7322
NO	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONS	HYPE	PETENUS/ NOT RELATED TO THE TERM  MALA	MINAL DISEASE OR COM	NDITION GIVE	N IN PART to	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( LIF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		URY IN ITEM TB PAI	RT 1 OR PART 2}	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT
	220 L certify that (I) (this sow the deceased aliv	did not) view the body ofter deoth.	19 85,01	, 19 Square not that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, MEDICAL STA	SF.	ond from the	
	TALES THE STUDY OF THE STREET			199	Palled ho	on Md	(970	7100
		alarao, M.D.		1716 Harford		on, ma	. (01)	-1100
23a	BURIAL, CREMATION, REMO	DVAL 23b. DATE		EMETERY OR CREMATORY	1234 LOCATION			
112	BURIAL, CREMATION, REMO	2-8-85		emetery or crematory lew Mem. Park		le, Ca	erroll	Mà'.

CTATE OF STABULAND

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		490	

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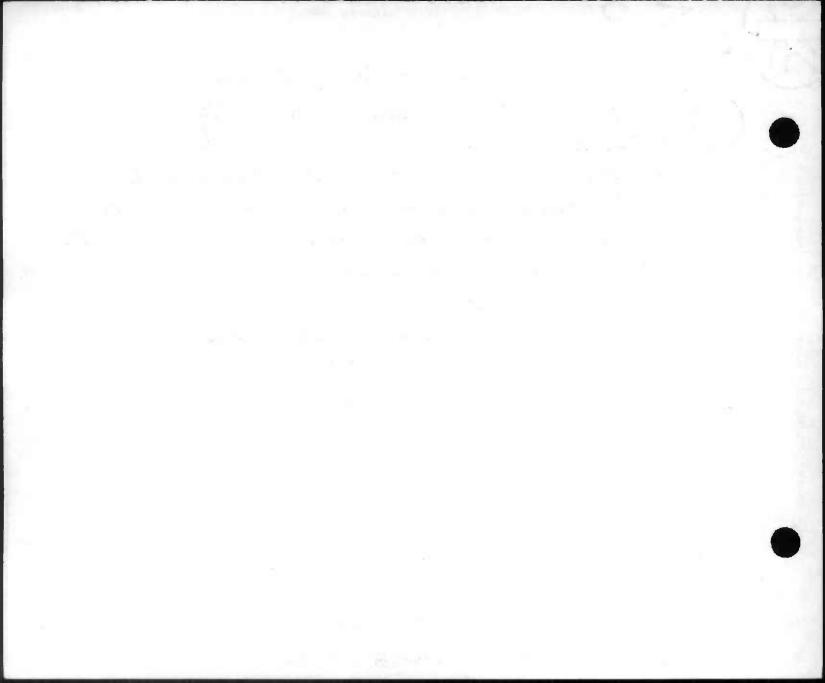
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Ombigiro Mesone Mesone Roselia (1981)

Pitaga - Data -

**	4	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGII	REG. NO.	0 3 3 3 3
4 may be			EASED NAME Alber	MIDDLE H.	S. DATE O	F BIRTH YEAR	20. DATE OF DEATH MONTH  PERCENT (1)  S. AGE (IN YEARS LAST BIRTHPAY)	DAY YEAR 7b. HOURS 9 25 85 // PM  IF UNDER 1 YEAR IF UNDER 24 HIS. MONTHS DAYS HOURS MIN.
he functions	A)	7/1	VEW JERSEY	O HITE  CITIZEN OF WHAT COUNTR  U.S., A.  NAME OF HOSPITAL, NURS  AF HOT IN SUCH RACIUM, GIVE STR	MARRIED WIDOWE	D NEVER MARRIED	P. BALTIMORE CITY OR COUP  A PART TO TO THE PROPERTY OF WORKING THE PROPERTY OF THE PROPERTY O	MD.  17b. KIND OF BUSINESS OR UNDUSTRY
within 24 hours or letely tilled in by 1 d 2 should be filed		M	THER'S NAME	THE INSTITUTION GIVE RESIDENCE BEF  Y  13 (CITY OR TO  ABORE  DDDE  ASI	WN	13d. INSIDE CITY LIMITS? YES SO NO 1  15. MOTHER'S MAIDEN NAM	PLANT SUPERYI.  13 ESTREET ADDRESS / ZIP CO  LO LORNEUST  E  MIDDLE	DDE 21001
be executed will ion and completers. Pages 1 and 2	-	16a V	(IF YES, GIPE		-2091	ANNA 17. INFORMANT GLADYS PFIREN	ADDRESS AMN, Ly CORNEL	ALFKE 21001 LST, ABBELDEDU,MD,
quires that the death certificat signed by the attending physi- hen please remove carbanpap	to burial, cremation, or remove njury, or other troumotic event,	NO	H. CAUSE OF DEATH IEnter only PART L DEATH WAS CAUSED IMMEDIATE  Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTED.  DUE TO, OR AS A CONSECUTED.	DENCE OF	ATELINATION TERM	ALDISEASE OR CONDITION	
CIAN: The low re physicion. rrificote hos beer	Hygiene prior	CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY				YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART (OR PART ?)
DING PHYSICIAl or offending phase After this certifications the buriol-fr	oith and Mental marked or them 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  AT WORK  AT WORK  22a.1 certify that (1) (this hospito	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	2	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENUMED by the hospital FUNERAL DIRECTOR: old be detached for us	e Stote Dept. of Her TANT: If Item 21 is:		sow the deceosed give on obove in the large of the state	hiew the body after death.	85 on	d that in (my) (our) opinion de DEGREE ATTENDING PHYSICIAN	., 10	hour and from the causes stated  711. DATE SIGNED  2. 26/A
TO HOSPIT retained by TO FUNER	with the State	230 E	0 1.007			EMETERY OR CREMATORY  ODD MEMORIAL	23d LOCATION CHITY ORTIGINN	UNION NON JERSEY
DHMH - 16 50 (VRA 15,		24 FI	INERAL DIRECTOR	HOME, P.A. AB	E. C. 1	25e DATE	REC'D. BY REGISTRAR 256. REC	

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0	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE B S	0	5 3	5 4
Si)	(TYPE	CEASED NAME FIRST	mie May	Ġ	ena)		2 1	Y YEAR  Y SS  FUNDER I YEAR	6, KAM
rs are	3. SEX	Female	White	5. DATE OF	6, 1901	83	YRS.	ONTHS DAYS	HOURS MIN.
72 hou	- 5	RTHPLACE (STATE OR FOREIGN )	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	MD.
iled within	10.01	anse de There	11. NAME OF HOSPITAL, NURSIN	HE HEME OF	OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker	F WORKING LIFE)	126, KIND OF INDUSTRY	BUSINESS OR
should be f	Ma	TATE THERS NAME		Grace	134 NSIDE CITY LIMITS? YES MO D		o St.		78 de Grace
1 and 2		Harry	Day		Rebecca	Eliza ADDRE		Sak	ers
Poges medico		VAS DECEASED EVER IN U.S. ARI (15, NO OR UNKNOWN) (1F YES, GIVE NO NA	WAR OR DATES)		John Renn, 12L	7,001,0			
ding physicie orbonpoper or remavol.		PART I. DE ATH WAS CAUSED	E CAUSE (a) COR VIO	PUL!	MONARY	ARRES	10	BETWEEN	ATE INTERVAL NSET AND DEATH
ed by the offendin lease remove corb rial, cremation, or or other troumotic		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF	E ROTIC H		/3		
hen p to bu	NO	PART 2, OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		DITION GIVE	N IN PART 11a	
nit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	- OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
Mental Hygiene par them 18 shows		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT ( OR PART 2)	
and and ked a	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC )	211. LOCATION STREET	CITY OR TO	WM	COUNTY	STATE
of Health			tal) attended the deceased from.  19	, an	d that in (my) (our) opinion	, to death occurred on the do			hat (I) (we) lost auses stated
State Dept. o		Hallery	/.	M	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	CIAN	224. DATE S	11-85
should be det with the State IMPORTANT:		LETICIA S.	-GALVEZ, M	h.D.	HAVRE HAVRE	DE GRA	P -	UP- 2	1078
· N 3 🐇	230.	BURIAL, CREMATION, REMOVAL Burial	200.07.112		emetery or crematory  l's Lutheran	23d. LOCATION CITY OF TOWN Aberdeen	Harf	ord, Mar	yland
50M 4/B2 15, 4)		uneral director rring Funeral H	Iome, P.A., Aberde	en,MD,	21001 <b>–3</b> 39 9	EB 1 9 198	25b. F. G.S.11	Day CAN	Mandall

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKITE	ICATE OF DEATH	F	EG. NO.			
		ASED NAME	Alice		MIDDLE	Rice	nards	2a. DATE OF DE	ATH MONTH	DAY YE	AR 2b H	OUR
A )	SEX F	emale	4	RACE Wh	ite	5. DATE C	DAY _ YEAR	6 AGE (INYEARS	yrs. YRS		DATS HOUR	DER .
46	De	HPLACE (STATEORS UNTRY) laware		U.S.		MARRIE		Harfo				
660	lav	OR TOWN OF DEA	w	Harford	H FACILITY, GIVE STREET	orial	Hospital	170 USUAL OCC LIVPE OF WORK FOR Practica		e Wes	ND OF BUS	tir
35 1	30. ST. Mar	yland	Harf	ord	136 CITY OF TOV HavredeG	race	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP CC	DDE .	Schoo. 21	1 078
120	M	HER'S NAME FIRST ichael		IDDLE	McKinn	-	Georgie		DDLE	Ewin	g LAST	
16d	(YES	S DECEASED EVER , NO OR UNKNOWN)		WAR OR DATES)	185-20-		Rhoda Richa	rds, Col	ora, Mai			
n, or remove motic event,		8 CAUSE OF DEAT PART I. DEATH W	/AS CAUSED IMMEDIATE	BY.	UER	CB ENSON	PAN YOU	DEA TOEPHIN	H WOAT		PROXIMATE IN WEEN ONSET	
of, cremotion		Conditions, if ony, gove rise to immore to station underlying couse	mediote ng the	DUE TO, OI	12 Acquise 91	VENGE OF	FAILM	2E	00 ( 75 (			
injury, o		PART 2 OTHER SIGN	PS/	ONDITIONS <u>ÉC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O		77 734	45-14	
brid of	CERTIFICATION	DATE OF OPERA	NOIT	196 CONDI	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPS	2 20h IF	YES WERE EL	INDINGS U	
The second	2							YES N	IN CER	YES [	NO	
-/ /		TO ACCIDENT WAS UNE	CAUSE OF DEATH	P.	M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUI	YES N	IN CER	YES [	NO	
-/ /	MEDICAL	OR CONTRIBUTING OF LIFE EITHER, NOTIFY MEDITAL INJURY OCCUR!	CAUSE OF DEATH CAL EXAMINER) RED HILE	HOUR A P. 21e. PLACE ( AT HOME STR	M. MONTH D M. OF INJURY REET FACTORY, OFFICE	19 FARM, ETC )	2H LOCATION STREET	YES NO	IN CER	RTIFYING CAI YES [] 18 PART 1 OR PAR COUNT	NC	STAT
of Health and Mental 21 is marked or Item 1	MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER) RED HILE (this hospital ed olive on	HOUR A P.J.  21e. PLACE (AT HOME STR	M. MONTH D. M. OF INJURY REET FACTORY, OFFICE Re deceased from,	FARM, ETC.)	2H LOCATION STREET  19  19  and that in (my) (our) apinion	YES NOT NATURE NATURE	OF INJURY IN ITEM	COUNT  19 85	NC (IV)	STAT
State Dept. of Health and Mental NAT: If them 21 is marked or them 1	MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MED)  1d INJURY OCCUR!  WHILE NOTIFY MED  2a I certify that (I)  sow the decease obove, (I) (we) (c)	CAUSE OF DEATH CALEXAMINER) RED HILE (this hospital ed olive on	HOUR A P.J.  21e. PLACE (AT HOME STR	M. MONTH D. M. OF INJURY REET FACTORY, OFFICE Re deceased from,	FARM, ETC.)	21f LOCATION STREET	YES NOT NATURE NATURE	IN CER  OF INJURY IN ITEM  TY OR TOWN  THE dote and It	COUNT  19 85	NC RT 2)	STA*
MPORTANT: If Item 21 is morked or Item 1	WEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MED)  1d INJURY OCCUR!  WHILE NOTIFY MED  2a I certify that (I)  sow the decease obove, (I) (we) (c)	CAUSE OF DEATH CALEXAMINER) RED HILE (this hospito ed olive on_ did) (did not)  AME (1YPE OR)	HOUR A P.J.  21e. PLACE (AT HOME STR	M. MONTH D. M. OF INJURY REET FACTORY, OFFICE the deceosed from, Ofter death.  AKIL	FARM, ETC)	211 LOCATION STREET  19  19  19  19  19  19  19  19  19  1	YES NICER NATURE  CI  And to deoth occurred of MEDICAL	IN CER OF INJURY IN ITEM ITY OR TOWN  STAFF PHYSICIAN   CONTROL  PHYSICIAN    PHYSICIAN   PHYSICIAN   PHYSICIAN   PHYSICIAN   PHYSICIAN   PHYSIC	COUNT  19 85	NC (IV)	STAT

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STATE OF MARYLAND FOR - STATE REGISTRAR

CERTIFICATE OF DEATH	YGIENE REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
Richardson	7eb. 15,1	985	8:05
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS

Jora 1CC 3 SEX 4 RACE WHITE FEMALE

1890

BALTIMORE CITY OR COUNTY OF DEATH

TOST MICHEL

7a BIRTHPLACE I STATE OF FOREIGN COUNTRY

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED

126 KIND OF BUSINESS OR INDUSTRY

CITY OR TOWN OF DEATH

EWIS

13c. CITY OR TOWN

13d INSIDE CITY LIMITS? YES X

NO

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE

MIDDLE

FED. GOVE

14 FATHER'S NAME FIRST

USUAL RESIDENCE 13a. STATE

N.C

DECEASED NAME (TYPE OR PRINT)

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MPORTANT should be

0 pleo

CERTIFICATION

MIDDLE

ABSHER

SPARTA

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

PHOEBE 17 INFORMANT

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO

MES. GWERDOLYA WARD 124 N. LAPDIUM RD.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

minutes

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o

N36 COUNTY

ALLEGHA!

CONSEQUENCE OF

disease

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210.	ACCIDENT WAS UNDERLYING

216. TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

CITY OR TOWN

OR CONTRIBUTING \_\_ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR PM 19 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

211 LOCATION

200 AUTOPSY?

NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death

18503 1985

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

DEGREE

MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

236. DATE CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

20b. IF YES, WERE FINDINGS USED

COUNTY

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

SPR U SAMA VINIO SERVICE ACV SAME THE PARTY STORE ST X XI FIT VINNESSED OF ASSESSED AVEL COMMENT OF COMMENT OF STATE OF STA 

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1	FOR 1 - STATE			PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL I		0	5 3 3	5 /
TOTI	REGISTRA DECEASED N			CAL EXAMINER	'S CERTIFICATE C		REG. NO.	AONIH DAY	
Martin Land	TYPE OR PRINT)			EDWAR		OF	FCTI LA	2-10-85 <sub>0</sub>	Zb. HOUR
TO THE SE	SEX	4. RACE	OMAS 5 DATE OF BIRTH	6 AGE (IN YEARS	IF UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MC		YEAR 2d HOUR
220	Male	White	6 10	39 LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUN DEAD	ICED 2	2-10-85,9	9:07,
種の	Pennsy	vania	76. CITIZEN OF WHA		AARRIED   NEVER MARK	RIED	ord Cour	OUNTY OF DEAT	H ME
W	Fallst	on	Fallston	TAL, NURSING HOME, OI General Hosp		FOR MOST OF WOR	PATION (TYPE OF V	WORK 126 KIND COR INC	OF BUSINESS OUSTRY
	USUAL RESIDEN 130. STATE Marylar	13b. COUN	ITY	RESIDENCE BEFORE ADMISSION) 13c, CITY OR TOWN Aberdeen	13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRE	ss ockwell	210	001
20	14. FATHER'S N. FRST	ame omas	MIDDLE E.	Rimmel Si	15. MOTHER'S MAID	M	IDDLE	Ger	nt
1	YES, NO. OR UN		WAR OR DATES)	213-36-0043		G. Rimmel		ie, Md 2 enLea Dr	
Siene, Division	18. CAUS PART	DEATH WAS CAUSE	nly one couse per line fo D BY: TE CAUSE (a)	Chest injur	У		MA		XIMATE INTERVAL ONSET AND DEATH
AND MENTAL HYGIENE, VATION, OR REMOVAL.		itions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF					
MENTA ON, OR B	cous	rise to immediate e(a) stating the <u>under</u> couse last.		A CONSEQUENCE OF			10		
HEALTH AND MAL, CREMATION,		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN P.	ART 1 (G)	1		
	190. DATE	OF OPERATION	196. CONDITIO	N FOR WHICH OPERATION	ON WAS PERFORMED?			20 AUTO	OPSY?
PRIOR TO BURIAL,	TIFIC	100						YES	
9		RNAL CAUSE WAS ING X OR UTING CAUSE OF	DE THE TIME OF IN	10 -85 YEAR	river of an biect impact	auto/picl	ζ=up^ tru	ck/fixed	
5	UNDERLY CONTRIB 21d. INJU WHILE AT WOR	RY OCCURRED  NOT WHILE AT WORK	X 21e PLACE OF STREET, FACTOR	INJURY (ATHOME, 12	Rtstreet7&Abingd		-Abingdo	n souMary	and STATE
CAND. 2		,	ge of the remains descri	bed obove, held an	Autopsy X, Inspection	undetermined mo		my opinian	
AFTER DEATH WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	ACTUAL SIGNATU	RE Mays	it Au y	Luis	TITLE (SPECIFY)M.DAssistant	MEDICAL EXAM	VINER S	DATE 2-11-8	35
TER DEA	(TYPE OR	PRINT)	9	Korell,M.D		Penn Stre			
		mation, REMOVAL urial	2/14/85	Maryland \	ets Cemetery			A.A.	STATE Md
I - 17 ME (5))	George	J. Gonce	4001 Ritch	ie Hgwy Bal	to Md FE	B 1 3 1985	R 250 BEGISHR	AR'S SIGNATURE	latte

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5 STATE OF MARYLAND 5 5 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR			CERTIF	ICATE OF DEATH	p	EG. NO.			
	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DE		DAY YEAR	26 HOL	JR
(TYP)	John	W.		Ripp	el Jr.	Feb.	Feb. 19 1			M
3. SE	Х	4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER	
	Male	Wh	nite	Aug	. 09 1926	58	YR		HOURS	MIN.
7e. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D T NEVER MARRIED	9 BALTIMORE	ITY OR COU	NTY OF DEATH		
	aryland	USA		WIDOWE	D DIVORCED	Harfo	ord C	ounty		MD.
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCC	UPATION MOST OF WORKIN	12b. KIND C	F BUSIN	ESS OR
	Fallston				ane 21047	Bethle	hem S	teel INDUSTRY		
130	AL RESIDENCE (IF NURSING HOME STATE Maryland 13b.co	or other institution.	Fallst	on	13d. INSIDE CITY LIMITS?	130 STREET ADD	ress rickh	ouse La	ne2	1047
14_F/	ATHER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN N	AME	DDIE			
	John	F	Rippel	Sr.	'Myrt.	le	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mil	ler	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS			047
,	YES, NOOR UNKNOWN) (IF YES.		213-20-	2757	Doris E. I	Kibbel .	603 B		SE .	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19e. DATE OF OPERATION	DUE TO, O  (b)  DUE TO, O  (c)  T CONDITIONS CO	R AS A CONSEQUE	ENCE OF			CONDITION	GIVEN IN PART 1:  YES, WERE FINDII RTIFYING CAUSES	NGS USE	D TH?
RTIF								YES	NO [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CII	Y OR TOWN	COUNTY		STATE
	22a.1 certify that (I) (this has sow the deceased alive above/(I)/(we) (did) (did	on	19	, 00	nd that in (my) (our) opinion	, to	the dote and		that (1) ( couses st	, -
	276. SIGNATURE  LENA  276. PHYSICIAN'S NAME (TYPE	m 8,14	agon	1	DEGREE ATTENDING PHYSICIAN 22. ADDRESS 116 HAY S	MEDICAL DIRECTOR DI		224. DATE 2/	SIGNED	ps-
	BURIAL, CREMATION, REMOV. Burial	AL 236. DATE 02/22			EMETERY OR CREMATORY	23d. LOCATIO	N own	county	Md	STATE
24 F	UNERAL DIRECTOR		ADDRESS			ATE REC'D BY REGI	TRAR 256. REC	GISTRAR'S SIGNAT	URE	
	Connelly Fun	neral H	ome of I	Junda	ilk III	D 4 4 198	D	Davidson-R	indell	. 1

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or ottending physician.

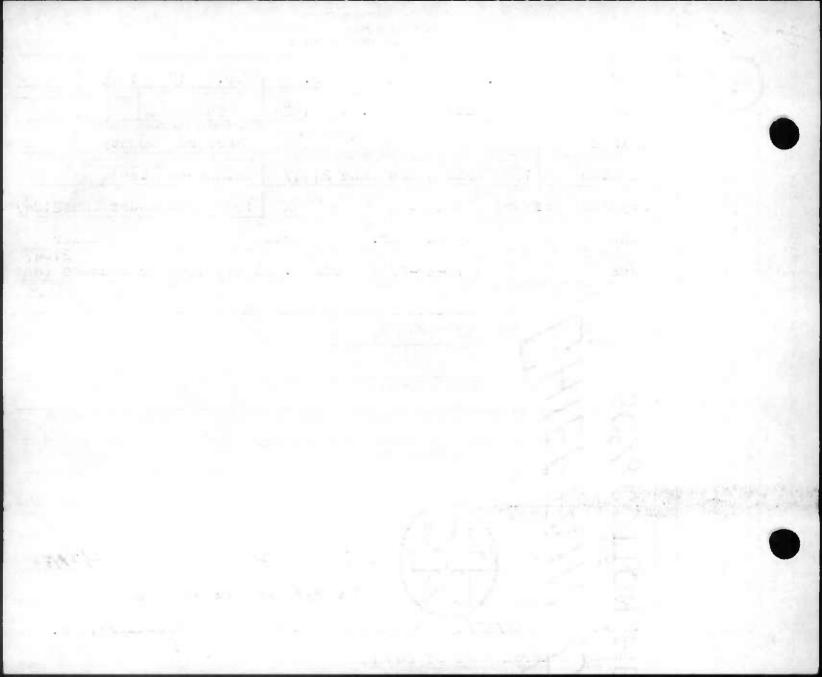
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely litted in the the should be detached for use as the burial-transit permit. Then please remove corbanapopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR Connelly

Funeral Home of Dundalk



## STATE OF MARYLAND FOR REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REG. NO LAST 2a DATE OF DEATH DECEASED NAME MONTH 2b HOUR 58 25 AMES IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE YO YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED USA Pittsburgh, Pa. WIDO WED. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY TALLSTON AUSTON GENERAL Accountant. 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN Bel Air 201 W. Ring Factory Road Maryland Harford YES TX

15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME **Isabelle** Mathilda MacCullough James Sands Joseph ADDRES Bel Air, Md. 21014 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Margaret S. Dees, 210 W. Ring Factory Rd. 167-09-5757 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

Conditions, if any, which gove rise to immediate cause (a), stoting the underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 71g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and liom the couses stated above, (1) (we) did) (did not) view the body after death 22b. SIGNATURE

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE 10

Heb. 26, 1985 Tratin & Ferris Crematbry W. Chester

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

STATE Chester Pa.

Cremation

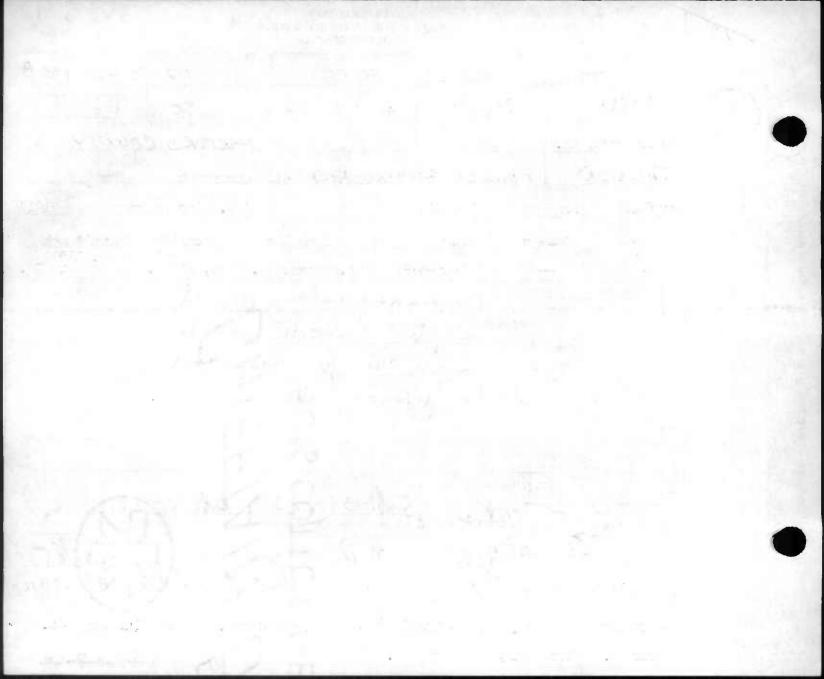
Howard K. McComas III, Abingdon, Md. 21009

Livia Davidson

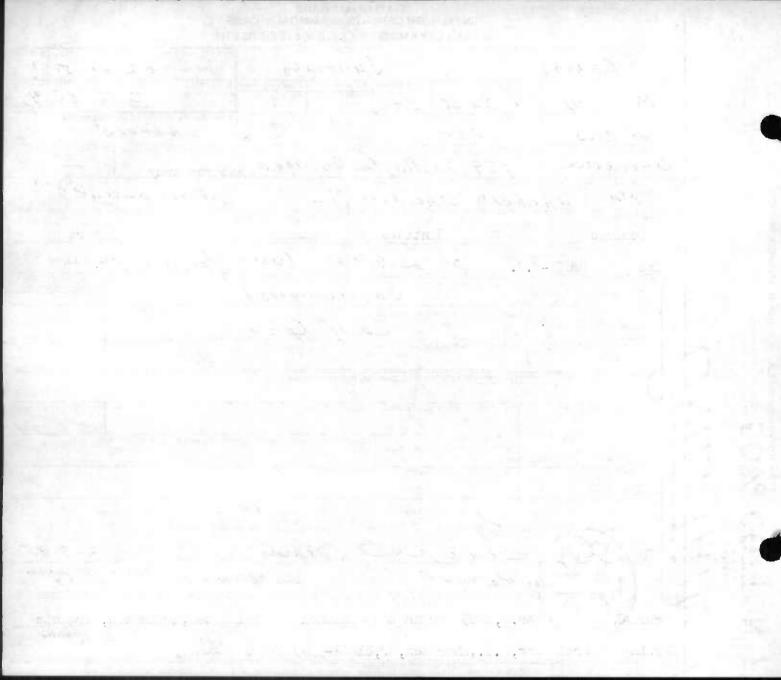
236 DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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att	11-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 5 5	361
10,	1.05	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
<b>温光和光</b> 円		CEASED NAME FIRST CARLOS	OF ESTL	DAY YEAR ZO. HOUR
A PER	3. SEX	M 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY)  4. 2.2. ZT STYRS.  6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2c. DATE MONTH MONTH DAY HOURS MIN PRONOUNCED DEAD   3	B - 1 2d HOUR
		RTHPLACE (STATE OR REIGN COUNTRY)  PT 7U CO	** MARRIED   NEVER MARRIED   ** BALTIMORE CITY OR COUNTY  ** WIDOWED   DIVORCED   HARFOR!	
PAGE PAGE SERIE	10. CI	TY OR TOWN OF DEATH Then delu	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH PACIFITY, GIVE STREET ADDRESS)  Lawring Law average for most of working life)  Retired Army	26. KIND OF BUSINESS OR INDUSTRY
T201  RETAIN HOWD P		AL RESIDENCE (IF IN NURSING HOME OR TATE Ma 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  (ROLD)   13c. CITY OR TOWN  (ROLD)   13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS  YES   NO []	ad 1001
E, MD. 2 DEATH. II SES 1, 2,		ATHER'S NAME FIRST  Domingo		LAST <b>iv</b> e <b>ra</b>
SALTIMOR RS AFTER GIVE PAC VITH FO PAGES I IVISION	16s. V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W YES WWII -	AR OR DATES)	aper
HOUN NO. 18. VAIR. NE. D		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	Car cinonal di	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON VITHIN 24 CIL IN ITER NER ALDI ANSIT PER AL HYGIE AOVAL.		Conditians, if any, which gave rise to immediate	(b) Ca of Colon	
CUTED V CUTED V IN PEN I EXAMI URIAL TR VD MENT	-	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
RECORDS,  UD BE EXE PENDING" F MEDICAL ED AS A BU HEALTH AN REMATION	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c).	
TAL RP CHIE CHIE OF USE	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO NO
CERTIFICATE SI SCERTIFICATE SI STITING THE WOI ROBED TO THE E 3 SHOULD BE E DEPARTMENT	CAL CER	216 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ATH P.M. 19	2)
DIVISA HIS CERT WRITING WRITING WRITING AGE 3 SH AGE 3 SH ATE DEP	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN COUNTY	NTY STATE
MINER: T TIFICATE, BE FORW ECTOR: P. TH THE ST LAND, 213	4		af the remains described above, held an Autopsy , Inspection , Inquiry , and in my apid	nian
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAL PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFT BALL WITH THE BALL WARYLAND	-	ACTUAL SIGNATURE	M.D. Depender MEDICAL EXAMINER SIGNED	
TO MEDIC EXECUTE PAGE 4 TO FUNE AFTER DE BALTWOR	22.5	EXAMINER'S NAME (TYPE OR PRINT)	Renjel ADDRESS 464 alliane ST. Hame	21018
	730.B	URIAL, CREMATION, REMOVAL 23 Burial	CITY OR TOWN COUNT	
BP	24. F	UNERAL DIRECTOR	1750 DATE REC'D BY REGISTRAR 1756 REGISTAR	ATLETIITE
(VR A15 ME (5)) 15M 7/77	Ta	rring Funeral Ho	ome, P.A., Aberdeen, MD, 21001-3399 MAR 6 1985	



FOR

- STATE

CERTIFICATION

00

190 DATE OF OPERATION

REGISTRAR

## STATE OF MARYLAND **DEPARTMENT OF HEALTH**

CERTIFICATI

E OF DEATH	YGIENE REG. NO.		
e	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR 13
Н	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
21, 1888	96 YRS	MONTHS DAYS	HOURS MIN.

LAST DECEASED NAME (TYPE OR PRINT) 3 SEX 4 RACE DATE OF BIRT MONTH APRIL BALTIMORE CITY OR COUNTY OF DEATH 1a. BIRTHPLACE MARRIED NEVER MARRIED COUNTRY MARYLAND USA WIDOWEDIX DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER MEMBRIA. JSUAL RESIDENCE (IN JURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? HARFORD HAVRE de GRACE 505 CONGRESS AVE. 21078 MD YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST ? HENRY WILSON LAURA ٧. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES GIVE WAR OR DATES) (YES NO OR UNKNOWN) SAME AS #13e NO 213 74 2782 MRS. ANNE V. STERLING

APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse of PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 Canditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOW YES [] 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) NOI WHILE [ AT WORK 220.1 certify that (1) (this hospital) attended the deceased from

he deceased alive an \_ and that in (my) (our) opinion death occurred on the date and haur and from the causes stated (did) Johd nat view the bady after death 22h. SIGMATURE DEGREE 22c. PATE SIGN

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23d LOCATION 23b DATE CITY OR TOWN CREMATION

24 FUNERAL DIRECTOR MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

11FEBRUARY85

CRATIN & FERRIS WESTCHESTER. PA. ISTR RASE REGISTRAR'S SCHATURE

STAFF

28a AUTOPSY?

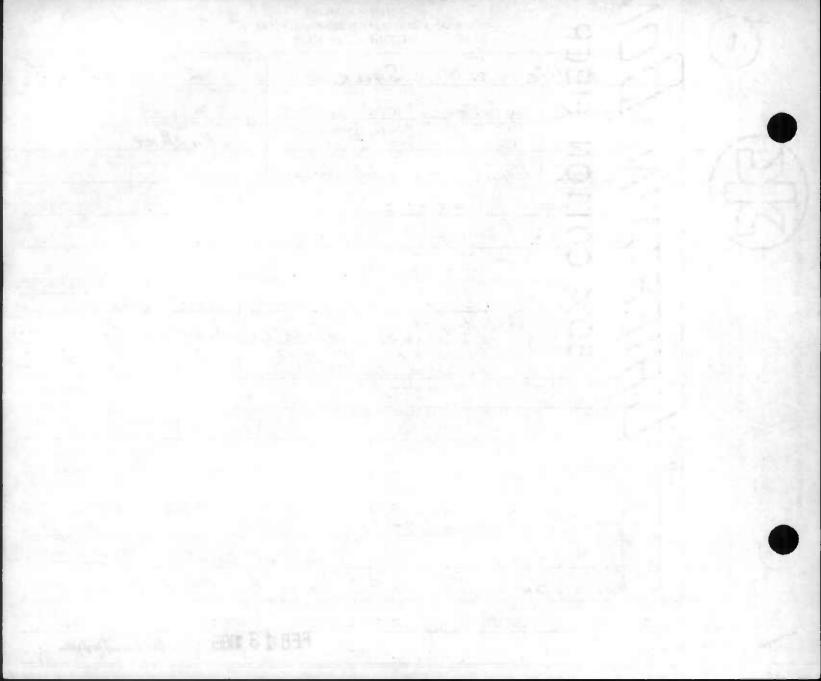
MEDICAL

20b. IF YES, WERE FINDINGS USED

DHMH - 16 60M 7/84 (VRA 15, 4)

id be deto

MPORTANT



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	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 happy offer dea
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	3
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	HOSPITAL OR ATTENDING PHYSICIAN. The lined by the hospital or attending physicion.
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		TRAR			MENT OF I	E OF MARYLAI BEALTH AND M FICATE OF DE	ENTAL HYG	REG. N		5 3	6 3
	DECEASEI		lliam	MIDDLE	S	LAST	T	20. DATE OF DEATH	6. 18	1985 2b	HOUR
3	SEX	Wi	1. RACE	<u> </u>	Is DATE	DE BIRTH	31	6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
		ale	Blac	b	MONT	26	YEAR 22	63	YRS	NIHS DAYS H	OURS MIN.
70	BIRTHPL	CE ISTATE OF FOREIG		F WHAT COUNTRY	? 8			9 BALTIMORE CITY O		F DEATH	375
2	COUNTRY	vland	US	<b>A</b>	WIDOW	D NEVER MA	ORCED	HARLO	Rd.		MD
10		TOWN OF DEATH	FI. NAME OF	F HOSPITAL, NURS	NG HOME			120 USUAL OCCUPATI		12b. KIND OF B	USINESS OR
1/	HAVR	de GRACI	VFARSO	- / //	16R1	i/ H	SA	retired	P WORKING (IFE)		service
U:	UAL RES	DENCES HEREIGH	ME OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFO		113d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	7 IP CODE	010	2 -
2			ecil	Perryv			NO 🗌	612 Evans		2/9	23
24	FATHER'S	NAME	WIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME MIDDLE		LAST	
	Wi	lliam	H.	Scheoede	r Jr.	Emma	IK 3 I	Jane		Davis	
160	WAS DE	CEASED EVER IN U.	S. ARMED FORCES?			17. INFORMAN	NT .	ADDRE	SS		rt Depos
1	Yes		242-1946	216-16-	3639	Paula Al	lexand	er Apt.lil F	ort He		
Content	PART	2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO			MED )	200 AUTOPSY?	20b. IF YES,	WERE FINDING	
MEDICAL CERT	00.00	CCIDENT WAS UNDERLYIE NTRIBUTING CAUSE THER NOTIFY MEDICAL EX	OF DEATH HOUR	P.M.	DAY YEAR			RED (ENTER NATURE OF INJU			NO []
MED	21d If	IJURY OCCURRED		E OF INJURY STREET FACTORY, OFFICE	FARM, ETC }	21f LOCATION	N	CITY OR TO	WN	COUNTY	STATE
	736	Me deceased al	hospital) attended ive on	18/19	100° pr	nd that in (my) (	TENDING	death occurred an the d	FF		
	2720	harles	J. F	OREY	JR. 1	P-D-DDHESS	HAU	RE dE GR	PACE,	Md	21078
23	SPECIFY	Burial	2/22/	lo-		nes Ceme		23d LOCATION CITY OF TOWN Hav reDeGr	ace I	Harford	Md.
4 A	rnol	i birector	d 353 Four	ntain St.	Havrel	eGrace,	1/3	B 2 6 1985	0	AR'S SIGNATUR	

OUVIO. LL. I.

OUVIO. L. I.

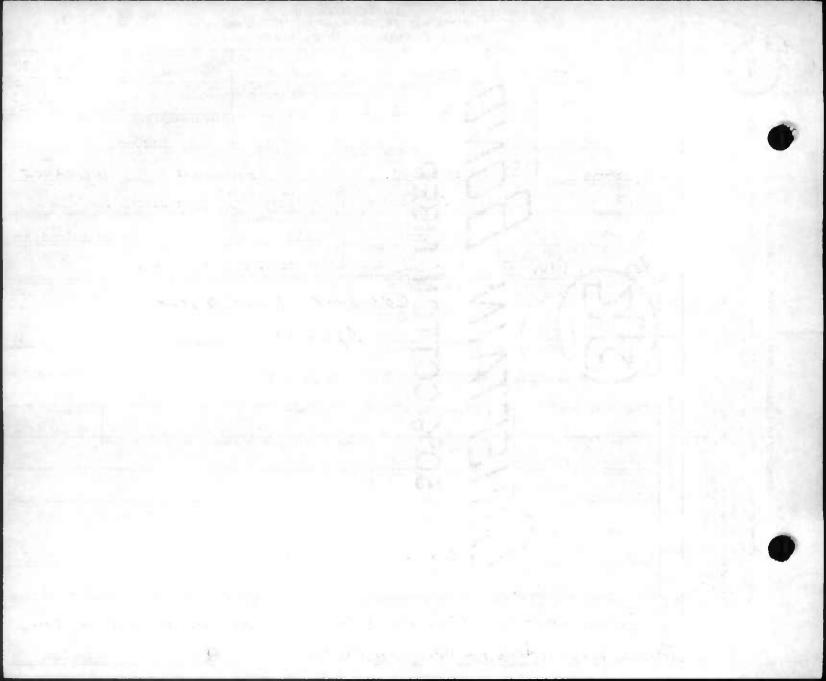
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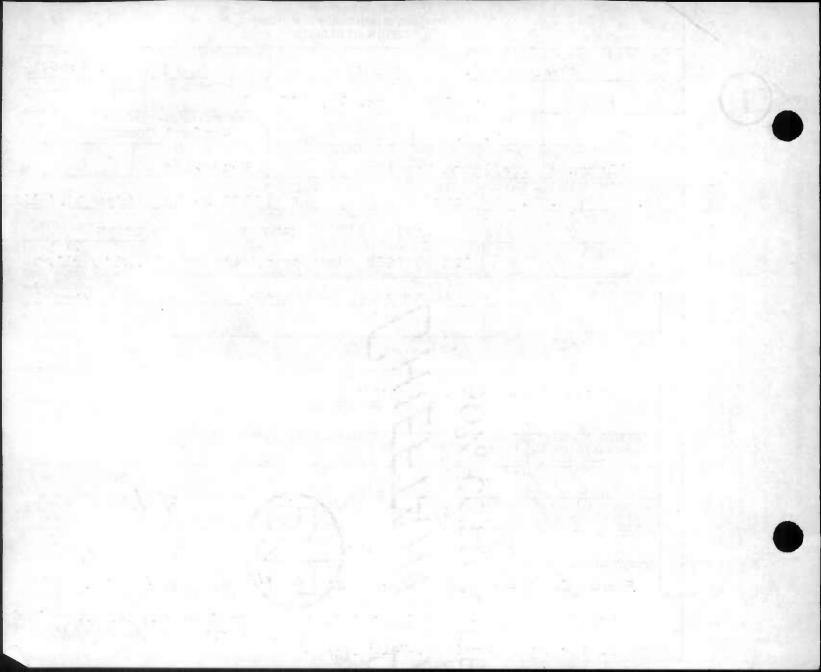
FOR

DHMH - 17 (VR A15 ME (5)) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG



2		FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	3	5	3 6
		EASED NAME FIRST	MIDDLE	ı	AST	2a DATE OF DEATH		DAY YEAR	26 HOUR
,	TYPE (	PEAR!	м.		SIM		2 (	85	12.45
3.	SEX		RACE	S. DATE C		6 AGE (IN YEARS LAST BIR		# UNDER I YEAR	HOURS MIN
-	e	EMALE	₩ HITE		t. 15,1907	9 BALTIMORE CITY C	YRS.	OF DEATH	
3	CC	THPLACE (STATE OR FOREIGN DUNIRY) aryland	U. S.	MARRIE	NEVER MARRIED	Harfo			
2		YOR TOWN OF DEATH Fallston	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACILITY, GIVE STREET Fallston HO	NG HOME C	R OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOUSEWI			OF BUSINESS C
35	3a S1	ATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS . 2100 Pop	ZIP CODE	lidge	Rd. (2
20	_	HER'S NAME	AIDDLE LAST	ANG	15. MOTHER'S MAIDEN NA	ME MIDDLE		UM PH	ST
2	a W '(YE	AS DECEASED EVER IN U.S. ARA		URITY NO.	17 INFORMANT	n,19420 Bur	ESS		21161 Hall,M
		PART I. DEATH WAS CAUSEI IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (a), stating the	y one couse per line for (a), (b), or (b); E CAUSE (a)  DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU	ENCE OF	ON PNEUMO	N IA			RIMATE INTERVAL ONSET AND DEAT 45 June 5
	NO	underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  SEVERE PARKINSONS DISEASE						EN IN PART I	(0)
Z	CERTIFICATION	96 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X	IN CERTIF	, WERE FIND YING CAUSE:	
		716 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	IH	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET, EACTORY, DEFICE,		21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
21 18 mo		22a.1 certify that This hospit saw the deceased alive on above, (I) (we) (did) (did no	2/5/19	85	all, 19 85 nd that in (My (our) opinion	, to death occurred on the d	2/6	r and from the	that (1) we)
E = = = = = = = = = = = = = = = = = = =		22b. SIGNATURE	Hamber .		M.D. ATTENDING	MEDICAL STA		22c. DAT	2/6/85
7		22d. PHYSICIAN'S NAME (TYPEO	VELLA- CAMIL	CERI	1131 BEL	AiR RD, Z	BEL A	ir mi	0 210
2	3a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	2/9/1985 Ce	edar H	ill Cemetery.	Brooklyr	Pk.	A.A.Co	.Mary
83		NERAL DIRECTOR OTGE J. Gonce,	1001 Ritchie Hg.	,Balt	imore Md.	7 1955	ZSA REGIST	PARS AIGH	HIVA SA



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201	ORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 2 retained by the hospital or attending physician.	tecuted within 24 hours offer death. Page & 1
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nd completely filled in by the funeral director, yes I and 2 should be filed within 72 hours after
IMPORTANT: If Nem 21 is marked or Nem 18 100 may injury, or other troumatic event, the medicalestoenine must be nothing a land of other	diconstruction and be notified at once

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MAKILAND	4
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	(
CERTIFICATE OF DEATH	

1.	FOR STATE REGISTRAR			DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.			0 0
	CEASED NAME	FIRST	1	MIDDLE	L.	AST	20. DATE OF DEATH		DAY	YEAR	26. HOUR
(TYPE	E OR PRINT)	HARRY		EDWARD	SL	IVER	Februar	y 12	,198	5	2:30
3. SE	Х	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	-		RIYEAR	IF UNDER 24 HRS
	Male		Wh:	ite	Febr	uary 28,1918	66	YRS	MONTHS	DAYS	HOURS MIN.
	IRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTR	V2 8	NEVER MARRIED	9. BALTIMORE CITY			ATH	
	Marvland		USA		WIDOWE		Harfo	ord C	ount	v	MI
10. C	Aberdeen	EATH 1	1. NAME OF I	HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Safety Sur	OF WORKING	LIFE) IND	KIND O	F BUSINESS OR
ÚSÚ	AL RESIDENCE (IF N					oau	parecy but	ет. л.т.	20K	Gne	mical
	Maryland	136 COUNT Har	ford	Aberd		13d. INSIDE CITY LIMITS? YES NO 🛣	3400 Chi			Roa	d 21001
14. F/	ATHER'S NAME FIRST Harr		DDLE	Sliver		IS. MOTHER'S MAIDEN NA FIRST Ruth	WE	N	orris	(AS1	T
16a. \	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	3400 CF				n d
(	YES NO OR UNKNOWN) YES	(IF YES, GIVE V	2	217-26	-5852	Helen T. Sli	ver Aherdes	en M	arvl	and	21001
	Conditions, if o gove rise to i couse (o), sto	ny, which	DUE TO, O	Diff: R AS A CONSEC R AS A CONSEC	QUENCE OF	monary Fibros Severe Hypox		,		1	. year
CERTIFICATION	PART 2. OTHER SI	GNIFICANT CO				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	ES, WERE	E FINDIN	OF DEATH?
RTII			814 THUE O	- IN 1 11 10 10 11		Tab. How halley occur	YES NO		YES [		NO [
	210. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18	B PARTIOR	PART 2)	
MEDICAL	WHILE NOT	URRED WHILE WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	CO	YINUK	STATE
	220.1 certify that sow the dece above, (1) (we	(I) (this hospito losed olive on_ ) (did) (did not)	Februa	rv 719	0 -	ary 30, 19 84 and that in (my) (our) opinion	toFebrua death occurred on the d				that (It (we) last couses stated
	226. SIGNATURE	sle	1			DEGREE ATTENDING PHYSICIAN <b>X</b>	MEDICAL STA	FF CIAN []			13,1985
	22d. PHYSICIAN'S	NAME ( SON	FRINTI			22e ADDRESS		10	- 1-1		
	B.D.	Parekh,	M.D.			1908 Harfor	rd Road, Fall	llsto	n, M	d. 2	1047
	BURIAL, CREMATIO (SPECIFY)	N, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR YOWN	• 7 7	COUN	ity	STATE
74 F	Buria UNERAL DIRECTOR		Feb.15	1985	Church	ville Presby	Churchy TE REC'D, BY REGISTRAN			ford	
	NAME		600 Ma	in Street		to Po	84 9365	Lulia	David		ande 92

Harkins, 600 Main Street,

1, 1 e on the called the ca III gustand afte den ... 101 1 -2 -5 52 slore. 11921, rec ca, i-2 4 1 1121 a de la companya della companya della companya de la companya della companya dell 1 ( ... ) carbanpapers. Pages 1 and 2

injury, or other troumatic

and Mental Hygiene prior ta burial, cremotian,

as the burial-transit pe

marked or Ite

MPORTANT: If Item 21 is

of Health

should be detached with the State Dept

MEDICAL

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STATE

FOR - STATE REGISTRAR	(SADIE)	DEP	ARTMENT OF HEALTH AND MER CERTIFICATE OF DEA	NTAL HYGIEN
DECEASED NAME	FIRST	MIDDLE	LAST	20

	1 - STATE REGISTRAR	ADIE)	DEPARTME	NT OF HEALTH AND MEN CERTIFICATE OF DEA	TH	<b>5</b> U	2 0	6 /
	1. DECEASED NAME	Abie 5	MAE	Spur lock	20 DATE OF DEA		- 85	805 M
	3. SEX Female	4. RACE	lite	S. DATE OF BIRTH	6. AGE (IN YEARS)		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
6	70. BIRTHPLACE (STATE ORE	u.s	. 4.	MARRIED NEVER MARI		HARFE	OF DEATH	MD.
2	Fallston M	ath 11. NAMEO	SUCH FACILITY, GIVE STREETAD	HOME OR OTHER INSTITUT		MOST OF WORKING LIFE	INDUSTRY	BUSINESSOR
16	USUAL RESIDENCE IF NURS 130 STATE	136 COUNTY HATFORD CO.	ON. GIVE RESIDENCE BEFORE ALL		IMITS? IBESTREET ADDI	RESS / ZIP CODE	y Drive	21014
21	14 FATHER'S NAME FIRST	MIDDLE	BANEY	15 MOTHER'S MA		DDIE	LAST	

WOELVIN	MIDDLE	BANEY	(unlewaya)	AIDDLE LAST
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		166 SOCIAL SECURITY NO. 235-26-4650	17 INFORMANDRIGHT-10-200)68-95 Mrs. Julia M. Spurlock	BODRESS 2409 Spring Valley Drive Bel Air, Manyland 21014
18 CAUSE OF DEAT PART I. DEATH W	H (Enter anly one cause pe /AS CAUSED BY:	r line for ta (b), and (c).	arrest	MINISH ORSET AND DE

IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a), stating the SEQUENCE OF DUE TO, OR underlying cause houwarea PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION

20e. AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPER A WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [ YES [

216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.)

NOT WHILE 220.1 certify that (1) (this hospital)

(our) apinian death occurred on the date and haur and fram the causes stated view the bady after death DEGREE 22c. DATE SIGNED 226. SIGNAT

MEDICAL STAFF ATTENDING PHYSICIAN PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 236 DATE

(SPECIFY) mt, Zion MEth. Ch. CEM. FEb. 8, 1985 Bel Air, Harbord Co., Maryland 21014 50 W. Broadway & Williams St. BY REGISTRARI256, REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR (VRA 15, 4) multirlein Frates

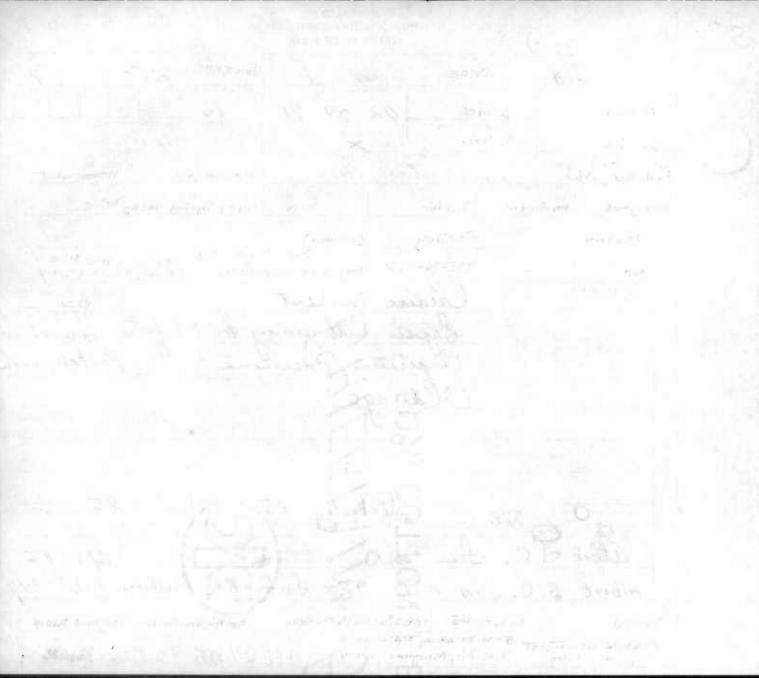
BEL Air, MARYLAND 21014

ATTENDING

HOSPITAL

DHMH - 16 50M 4/B3

TO FUNERAL DIRECTOR.



# FOR STATE REGISTRAR

injury, ar other troumatic event, th

Affer this certificate has been signed by the attending physic os the burial-transit permit. Then please remove corbon paper ith and Mental Hygiene prior to burial, cremotion, ar removal.

## STATE OF MARYLAND DEPART

MENT	OF	HEALT	H AND	MENTAL	HYGIENI
CEI	RTI	FICAT	TE OF	DEATH	

MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.			4
LAST	20 DATE OF DEATH MONTH	DAY	YEAR	2b HOUR
Taylor	Feb.	8	1985	6:35 M
	1 105			

	CEASED NAME E OR PRINT)	Rosco		MIDDLE	Ť	aylor	20 DATE (	F DEATH MO	NIH DA	1985	2b HOUR 6:35	5 <sub>M</sub>
3. SE	х	4. R	ACE		5. DATE C	OF BIRTH		YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 H	
	М			В	M8NTH	19 60			YRS			
-	IRTHPLACE (STATE OR F		U	WHAT COUNTRY?	WIDOWE				rford	(		MD.
Hay	VAE Le Grace	2 ]-	tar for	A Memori	(DDRESS)	ospital	TYPE OF WO	OCCUPATION DRK FOR MOST OF W Cired		126. KIND OF INDUSTRY BG&E	BUSINESS	OR
13a S	Md.	136. COUNTY Harfo		13c CITY OR TOWN Aberdeen		13d. INSIDE CITY LIMITS? YES AND		ADDRESS / Z aymond	Ave.	21001		
14 FA	Willie	MIDD	U.E	Taylor	r	Pearl	NAME	WIDDLE		LAST		
	WAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SECUI		17 INFORMANT		ADDRESS				
	No			215-09-93	139	Mildred Tay	ylor sar	ne as al	ove			
CERTIFICATION									Ob IF YES, V	GIVEN IN PART Tro  YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?		
	OR CONTRIBUTING C	OR CONTRIBUTING CAUSE OF DEATH			IJURY MONTH DAY YEAR 19			NO	YES		NO []	
MEDICAL	216 INJURY OCCURR	ne 🗆	21e PLACE (	OF INJURY EET FACTORY, OFFICE FA	IRM, ETC }	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
	220 I certify that (I) saw the decease	d olive on		19	. an	nd that in (my) (our) opinio	an death accurr	ed an the date			auses stated	
	224 PHYSICIAN SHA	7	L	el	/	- V 18	DIRECTO	STAFF R PHYSICIAN	<b>4</b>	22c DATE S	A &	35.
	1	1	Le	e .		Mwon (	Med (	Clau	cot	toone	de &	me
	BURIAL, CREMATION, I		3b. DATE 2/13/			Memorial Ga		Aldino	н	county art ord	Mc	

DHMH - 16 60M 7/84

should be detached for use as the bur with the State Dept, of Health and Me TO FUNERAL DIRECTOR:

(VRA 15, 4)

24 FUNERAL DIRECTOR
Arnold Beard 353 Fountain St. HavreDeGrace, Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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215-0-2139 Ellere la les este el -- 748

crist constant and anomal governs the contract and the co

report sard 393 Jounteen St. Lavishedbace, No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove corban pages. Pages 1 and 2 should be filed within 72 hours other death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5		5 3	6 9
	CEASED NAME FIRST	MIDDLE		AST C		MONTH DAY	YEAR	2b. HOUR
	HARry HARry	Edward	10mn	sley, Sr.	February			5A.
3. SE		I. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	THE DAYS	IF UNDER 24 HR
	WAVE	White	2 Ans	my 1, 1895		YRS.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY) MONATON BALLS	L.S.A.	MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED	HAT Good	ounty	14.	,
C	hurchville (21028)	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 206 FINNEY AVE	ENUE	R OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	WORKING LIFE)	IZE KIND OI INDUSTRY	e Business C
130. 3	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUN'	TY 130 CITY OF TOW	E ADMISSION) /N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	, Road	d	1014
14. F/	ATHER'S NAME Charles Frank	LIN TOWNSLEY		15. MOTHER'S MAIDEN NAM		G	LD HET	
. 1	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		me Harry Edward		Oh HIWE	y Avenu	E 210
Į	18. CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED IMMEDIATE		C	A. Prostate i		h -	Between o	MATE INTERVAL
	Conditions, if any, which	(b)		Renal fa	ure			=_
5	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		ASCVD .	INIAI DISEASE OR CONIG	DITION GIVEN	INI DADT 1	
TEICATION	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED OF DEATH?
CAL CERTIFICATION	couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT COURSE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	ONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED
MEDICAL CERTIFICATION	COUSE (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT COURSE OF OPERATION  216. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	ONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY	DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [	ERE FINDIN	GS USED OF DEATH?
	COUSE (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT COUSE.  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED WHILE ALWORK ALWORK  226.1 Certify that (1) (this hospit.	ONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  PARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  211. LOCATION	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:	20b. IF YES, WIN CERTIFYIN YES [ YIN ITEM 18. PART	COUNTY	GS USED OF DEATH? NO STATE
	COUSE (D), STOTING THE UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT COURSE OF OPERATION  216, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 216, INJURY OCCURRED  WHILE NOT WHILE AT WORK	ONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  PARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURE 21l. LOCATION STREET  22l. 19 and that in (my) (our) opinion of DEGREE  ATTENDING	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:	20b. IF YES, WIN CERTIFY IN YES [ TY IN ITEM 18, PART  WN  19.  19.	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	GS USED OF DEATH? NO  STATE that (I) (we) locuses stated
	COUSE (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT COURT	ONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F  ol) ottended the deceosed from 2 - ( 19 8)  19 8	DEATH BUT  OPERATION  AY YEAR  19  PARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURE 21l. LOCATION STREET  22l. 19 and that in (my) (our) opinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJUR  CITY OR TO:  10 2 10  death occurred on the do  MEDICAL STAR  DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFY IN YES [ YIN ITEM 18. PART  WIN 19. See and hour or	COUNTY  COUNTY  22c. DATE:	IGS USED OF DEATH? NO  STATE  what (i) (we) ic couses stated SIGNED  12,1985

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

etained by the hospital or attending physician.

1. DECEASED NAME (1796 OR PRINT)  3 SEX  MALE  4. RACE  5. DATE OF BIRTH  MONIM DAY YEAR  SUDDING INT. 1903  70. BIRTHPLACE (STATE OR FOREIGN)  70. BIRTHPLACE (STATE OR FOREIGN)  70. COUNTRY)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TOWN OF DEATH  12. NOR OF LOWING SIZE BEFORE ADMISSION  130. STATE  130. STATE  131. NAME  14. FATHER'S NAME  15. MOTHER'S MAIDEN  TOWN OF DEATH  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANISSIAN  WAS DECEASED EVER IN U.S. ARMED FORCES?  16. WAS DECEASED	TO BIRTHPLACE (STATE OF FOREIGN TO COUNTRY)  10 BIRTHPLACE (STATE OF FOREIGN TO COUNTRY)  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13 SEX  14 RACE  15 DATE OF BIRTH  16 MARRIED  17 NAME OF MARRIED  18 COUNTRY  19 DAY  19 DAY  19 DAY  19 DAY  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  19 DAY  10 DAY  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  19 DAY  19 DAY  19 DAY  19 DAY  19 DAY  19 DAY  10 DAY  10 DAY  10 DAY  10 DAY  11 NAME OF COUNTRY  11 DAY  12 DAY  13 DAY  13 DAY  13 DAY  14 DAY  15 MOTHER'S MAIDEN  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO.  17 INFORMANISSA  18 CAUSE OF DEATH (Enter only one cause per live 10) (a), (b) and (c)  18 CAUSE OF DEATH (Enter only one cause per live 10) (a), (b) and (c)  18 CAUSE OF DEATH (Enter only one cause per live 10) (a), (b) and (c)  18 CAUSE OF DEATH (Enter only one cause per live 10) (a), (b) and (c)  18 CAUSE OF DEATH (Enter only one cause per live 10) (a), (b) and (c)  19 DAY  10 DAY  11 INFORMANISSA  12 DAY  12 DAY  13 DAY  14 DAY  15 DAY  16 DAY  16 DAY  17 DAY  18 DAY  18 DAY  19 DAY  10 DAY  10 DAY  10 DAY  10 DAY  10 DAY  11 DAY  12 DAY  13 DAY  15 DAY  16 DAY  17 DAY  18 DAY  18 DAY  19 DAY  10	5	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH
TO BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  TO BIRTHPLACE (STATE OR FOREIGN TO WHAT SHOULD TO W	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED NEV	1 7.6			will	îAm		Tr	and/E
MARRIED MEVER MARRIED  MARRIED NEVER MARRIED  MOONED DIVORCED  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (If NOT INSUCHFACILITY, GIVE RESIDENCE BEFORE AMISSION)  13. STATE  13. STATE  13. STATE  13. COUNTY  13. MARRIED MOONE OR OTHER INSTITUTION  13. CITY OR TOWN  13. INSIDE CITY LIMIT:  VES (IN NO DE UNKNOWN)  14. FATHER'S NAME  15. MOTHER'S MAIDEN  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  17. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  18. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKNOWN)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, OOR UNKN	TO CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCHFACILITY, GIVE SIRRET ADDRESS)  130. STATE  130. STATE  131. CITY OR TOWN  130. STATE  131. CITY OR TOWN  130. STATE  131. CITY OR TOWN  130. STATE  130. STATE  131. CITY OR TOWN  130. STATE  130. STATE  130. STATE  130. STATE  131. CITY OR TOWN  130. STATE  131. MARCHARISTITUTION  130. INSIDE CITY LIMITE  130. STATE  130. STA		3 SE				HE	MONTH	DAY YEAR
MANYING HARTONDO BELLINE  WEST NO   IL FATHER'S NAME  IL FATHER'S NAME  STATES  COLEMAN  TOUNDLE  TOUN	MANYING HARTONGO BETTER YES NO DELLET TO THE STAND THE S	offer dott		MATYING ITY OR TOWN OF D		U.S	HOSPITAL, NURSING	MARRIE WIDOWE G HOME C	D DIVORCED  OR OTHER INSTITUTION
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTS IST. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 034-05-9545A Mrs. Martha T	18 CAUSE OF DEATH (Enter only one cause per live) and the part of	AND 2120 AND 2120 Tilled in biould be fill	USU 13a. S	AL RESIDENCE HEND	13b COU	NTY	N. GIVE RESIDENCE BEFORE	AOMISSION)	13d INSIDE CITY LIMIT
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTS IST. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 034-05-9545A Mrs. Martha T	18 CAUSE OF DEATH (Enter only one cause per live) and the part of	MARYLL mpletely and 2 st	14. F/	FIRST	Col				EIDS T
18 CAUSE OF DEATH (Enter only one cause per liver) (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR A CONSEQUENCE HEART I  Conditions, if ony, which  Conditions, if ony, which	DUE TO, OR AND ONSERVE HEART #  Some of the control	IIMORE, be execut in ond co	(	YES, NO OR UNKNOWN)	(IF YES, G	VE WAR OR OATES			
DUE TO, OR CONSESSIONE HEART 1	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	ST., BAL.			WAS CAUS	ED BY.	er in 101, (b), and	C (	arrest
	gove rise to immediate couse (a), stating the underlying cause lost  DUE TO  SEQUENCE OF  (c)	deoth ce deoth ce ottending ove corb stron, or r				DUE TO, (	Congla	line	Heart +
190. CONDITION FOR WHICH OPERATION WAS PERFORMED		VITAL RE la ysicion.  cote hos consir per Hygiene p	CERT	210. ACCIDENT WAS U	NDERLYING [	21b. TIME	OF INJURY		21c. HOW INJURY OC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13d INSIDE CITY LIMITS?

REG. NO 20 DATE OF DEATH MONTH 2h HOUR 20, 1985 IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 81

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED HARford Count DIVORCED K 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Official HOTSE RACE Trank

130 STREET ADDRESS / ZIP CODE 909 South MAIN StrEET

15 MOTHER'S MAIDEN NAME Griffin BLANCHE Emma 17 INFORMAN(SISTET) 838-3468 909 South Main Street Mrs. Martha T. Lloyd BE Air Maryland 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

AUSE (a) Cardiac arrest	
DUE TO, OR CONSEQUENCE OF Heart Failure	
DUE TO CONSEQUENCE OF CONTINUASCULA	or Disease
DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART

Curcorcinoma

146 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 1B PART I OR PART 2)		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.)	2H LOCATION STREET	CITY OR FOW	AN COUNTA	STATE	
220.1 certify that (I) (this hospital)	ottended the deceased from	, 19	, to	. 19	, that (I) (we) le	

saw the deceased olive on abave, (1) (we) (did) (did not) view the bady ofter death. and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

ZZE, SIGNATURE	DEGREE		220 DATE SIGNED
Germit / Bonovich	M.D.	ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF	2-20-85
THE RESIDENCE OF THE PARTY AND ADDRESS OF THE			

22e ADDRESS 877-19 20) Bonovich, M.D.

754 Hickory Ave. BEL Air Md. 2101X

	230 BURIAL, CREMATION, REMOVAL	23b. DATE	236 NAME OF CEMETERY C	OR CREMATORY	23d LOCATION	
	Burial	FEb, 22,1985	Rock Spring Epis	c.ch.com,	Late (1) 1)	Harrisod Co. M
1	24 FUNERAL DIRECTOR TOSTEY	SOWIBTORNOZ _	4 Calliams st	25		TOAR
	movielle frates	BEL Air, MA	myland 21014	FEB 2	7 1485, 4	Ma Davidson A

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos bee should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prio

TO HOSPITAL OR ATTEN

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	12 10	1//	North Caro	lina	USA		WIDOWE		Harton
0	27/	10 C1	TY OR TOWN OF DEA	TH		HOSPITAL, NURSI		ROTHER INSTITUTION	12a USUAL OCCUPATION
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8 2	13-100	10000		Harfo		Aberdee		YES NO	3523 Church
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MAR.	11 1	1	Sidney	- 1	ert	Weir		Cordelia	WIDDLE
3	8-/17		VAS DECEASED EVER	IN U.S. ARA	MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE
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1 W. PRESTON	by the attending ase remove corb of cremation, or r r other troumatic		Canditions, if ony, gave rise to imm cause (o), stating underlying cause	nediate	(b)_	RASA CONSEQUE RAS ACONSEQUE	raisi	Voscular	disease.
DS. 20	hen ple to burit njury, o	N N	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE
8	mit and	FICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	H OPERATION	N WAS PERFORMED	20a AUTOPSY?
13 av	1 231 19	Ĭ.							YES NO
OF VITA	physical arthicose al-transmundiffyg mal Hyg	AL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.		DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR
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	MECT Ped for Ped for P		729. SIGNADURE	id) (dyl not	) view the bady	after death.		DEGREE	
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HOGE	thined by the Strange of the Strange		SANG	ME TYPE OF	RPRINT	1		308 S. (/	nion Ave .
	1 4213	23a 8	BURIAL, CREMATION, I	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION

MIDDLE

REG. NO. MONTH

20. DATE OF DEATH R COUNTY OF DEATH

ON ON

126. KIND OF BUSINESS OR WORKING LIFE INDUSTRY

MD.

ziP CODE MD,21001 nville Rd., Aberdeen,

Bodenhamer

berdeen MD 21001 hurchville Rd., APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DITION GIVEN IN PART 110

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [

TY IN ITEM 18 PART I OR PART 2)

COUNTY STATE

ite and hour and from the causes stated

IAN

Burial/Removal

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

REGISTRAR

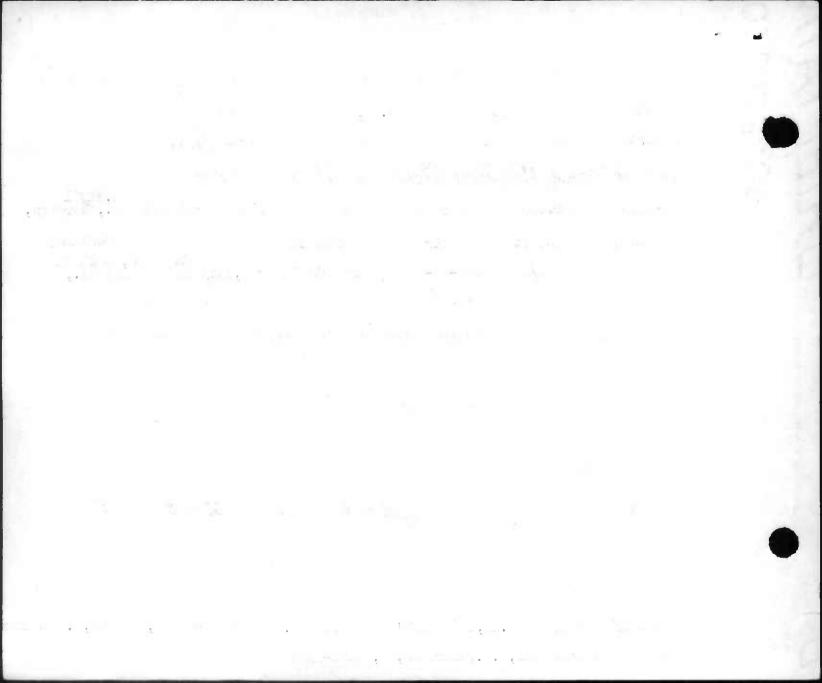
DECEASED NAME

- STATE

Winstn-Salem, Forsyth, N. Carolina

Feb.11,1985 Beck's Baptist Cem. 24 FUNERAL DIRECTOR

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399 F



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HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may sined by the haspital or attending physician.	FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the funeral attending polybers. Pages 1 and 2 should be filed within 72 have at the State Dept. of Health and Mental Hygiene prior to burial, cremation, at removal.
H S	Pool of

DHMH = 16 50M 4/83 (VRA 15, 4)

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH L DECEASED NAME MIDDLE 2h HOUR 02 21 85 Glenn & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX HONTH 19" 1901" White Male BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED NEVER MARRIED HARPORD WIDOWED DIVORCED IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Agriculture 130-STATE IN CITY OF TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE enna. NOX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Wilcox Spencer Hoig 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16% SOCIAL SECURITY NO John P. Wilcox, New Park, Penna. 17352 114-09-5063 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), apelic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 101 Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES 🖂 21b. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL [ IF EITHER, NOTIFY MEDICAL EXAMINER] 21f LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 270.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did pat) view the body ofter denti-DEGREE 22c DATE SIGNED ATTENDING STAFF MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS B. MARTINS 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY York City York Co. Penna. Premation Yorktowne Crematory

ADDRESS PERMATTS TOWN FEB 26

So PtemartstowoFEBA260195 STRANGE RESIDENCE

THE PROPERTY OF STREET, SALES AND ADDRESS OF THE PARTY OF 

and completely filled in 1977

# STATE OF MARYLAND

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	3. SE	Male		RACE Whit	e	5. DATE O		6. AGE (IN YEARS LAST B	YRS.	IF UNDER	DAYS	IF UNDER 24	HRS MIN.
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6	130. S Ma	ryland	36 COUNT		Bel Air	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	700 Herit			210	)14	
U	Wi	THER'S NAME FIRST		R.	Willia		15. MOTHER'S MAIDEN NA FIRST Elizabeth	WIDDLE			Jone		
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		Canditians, if any,		DUE TO, O	R AS AFANSEOUI	INCE OF	IL STR	UKE					
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MPORTANT: If Hem 21 is marked or Hem 8 shows any injury, or other traumatic event, the

ATTENDING PHYSICIAN 22e APDRESS

MEDICAL STAFF

and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated

22c. DATE

23a BURIAL CREMATION, REMOVAL (SPECIFY)

236. DATE

231 NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

STATE

Burial 24 FUNERAL DIRECTOR

John H. Harkins 600 Main Street Delta,

Slateville Cemetery Delta York

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S S

Delta. PA FEB 26 1985 Julian Duridon

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR After this should be detached for use as the b with the State Dept. of Health and A

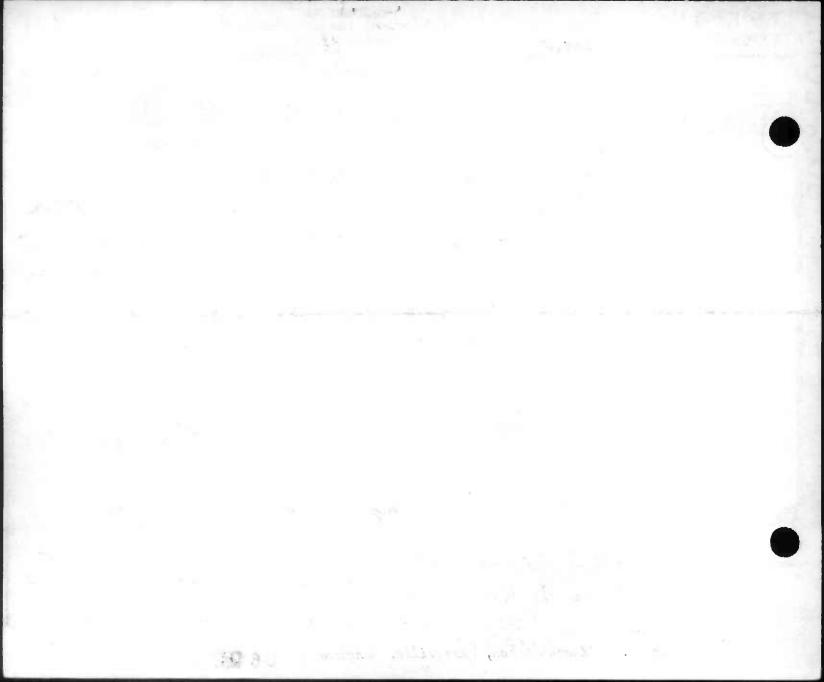
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or ottending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

	1-	FOR STATE REGISTRAR ARZIE	- W	DEPARTA		EALTH AND MENTAL HY	GIENE REG. NO	).	<b>3</b> 3	/
		CEASED NAME FIRST		MIDDLE	7	AST	20. DATE OF DEATH	MONTH DAY	_	IOUR
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\$75		RTHPLACE (STATE OR FOREIGN COUNTRY) hester,PA	USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF		EATH	^
82	10. CI	ALLSTON , MD	11. NAME OF I	TH FACILITY, GIVE STREET	ADDRESS)	- HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	L KIND OF BUS DUSTRY	INESS C
25	13a. S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	ROTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		999	314
1	-	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME	01. 250		
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9	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE		1731	4
Jed 3	(,	YES, NO OR UNKNOWN) (# YES, G	IVE WAR OR DATES)	207-40-	-1712	Kim Yeater	. R.D.2 Bo	x 250.I		
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y, ar ather tra		gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIVEN IN	PART Ica	
ony injury, ar ather tra	ATION	couse (a), stating the underlying couse last.	(c) CONDITIONS <u>C</u> (	ONTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	20h. IF YES, WER	RE FINDINGS U	JSED
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IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather tra	WEDICAL MEDICAL	Cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ OR CONTRIBU	CONDITIONS	ONTRIBUTING TO E  OF INJURY  M. MONTH DA  M. OF INJURY  REEL FACTORY OFFICE F  other death.  ACKOU  13 C N	OPERATIO  OPERATIO  AY YEAR  19  ARM.ETC.)	21f. HOW INJURY OCCUR 21f LOCATION STREET  19 dd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO DE  RED (ENTER NATURE OF INJUR  CITY OR TOV  death occurred on the do	20b. IF YES, WER IN CERTIFYING YES  YIN ITEM 18. PART TO	RE FINDINGS L CAUSES OF D NC R PART 2)  DUNITY  from the couse 2c. DATE SIGN 2 - 2 2 -	STATE  STATE  It (we) its stoted ED



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTILAND 21.201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 metained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the medical examines may be rainfied at any
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MI		IENE REG. NO		3 3	1 3
	CEASED NAME	FIRST	,	MIDDLE	į.	AST			MONTH DAY	YEAR 2b	HOUR
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3. SE	X	4.1	RACE		5. DATE C		YE AR	6 AGE (IN YEARS LAST BIRT	MONTH	DER T TEMA	JNDER #4 HRS
Figure			white			3,	1922	62	YRS.		
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		OREIGN 7b	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY O	R COUNTY OF	DEATH /		
MARYLAND		T. 11	USA		WIDOWED DIVORCED D			10 - DELIAL OSCUBATION		ora	MD.
LAUVE de CavacE			11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN 19 NOT IN SUCHFACILITY, GIVE STREET ADDRESS)  WHO THE HOSPITAL HISD			150	UHON	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER		NDUSTRY	J2INE22 OK
		136 QOUNTY	ierinstitution.	GIVE RESIDENCE BEFORE		13d INSIDE CITY	Y LIMITS?	13. STREET ADDRESS	ZIP CODE R	d. Ext	21078
14. FA	14 FATHER'S NAME		MIDDLE LAST		15. MOTHER'S MAIDEN NA		ME MIDDLE		LAST		
HARRY		MIDI	PALMER			LILLIAN		MIDDLE		HOPKINS	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAN	T	ADDRE	SS		
(	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	220-34-	6277	FREDERIC	K A. ZE	LLMAN	SAME	AS #136	9
z	Conditions, if ony, which gover rise to immediate cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00								T AND DEATH		
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? YES □ NO ☑	20b. IF YES, WE IN CERTIFYING	G CAUSES OF	
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJU	JRY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WH AT WORK	ILE 🗍	21e. PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET	1	CITY OR TO	WN (	COUNTY	STATE
	220.1 certify that (1) saw the decease above. (1) well is 17th SIGNATURE	ed alive on	ew the body	alter death.	, or	DEGREE	1984 Juri opinion of TENDING LYSICIAN	MEDICAL STAF	F _		
23n I	BURIAL CREMATION	REMOVAL I	23b DATE	177/15/UO(	AME OF C	EMETERY OR CR	FMATORY	123d LOCATION	exign	y such	004)

(SPECIFY) BURIAL

20FEBRUARY85

ROCK RUN CEMETERY

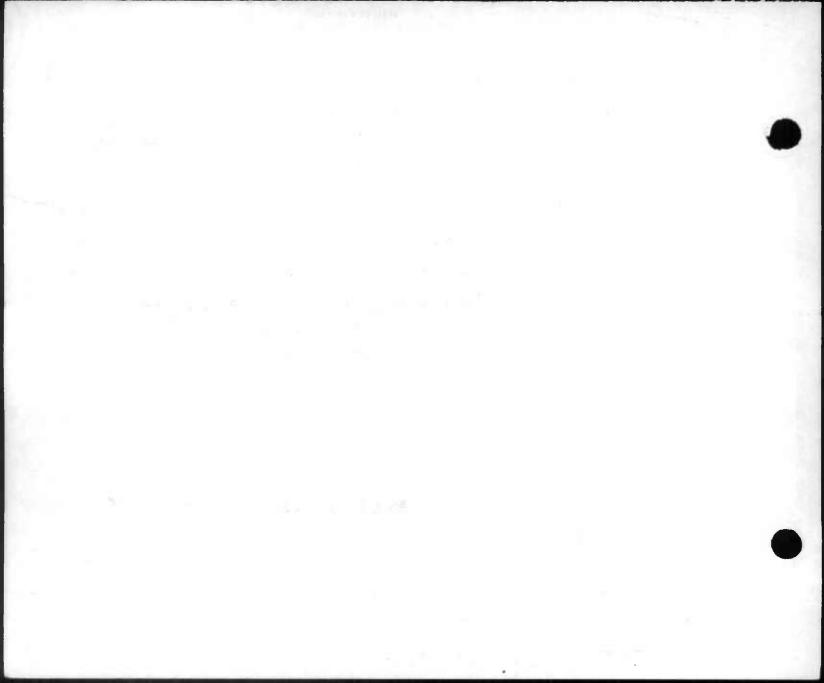
ROCK RUN, HARFORD CO., MARYLAND

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE This Davidson Randall

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

DHMH - 16 50M 4/83 (VRA 15, 4)



	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	0537
eath eath		CEASED NAME FIRST OR PRINT) Car	L Walter	ZINKham	20 DATE OF DEATH MONTH	27 1985 921
fter de	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
irecto ours a	1 01	Hale	While	July 31, 1893	91 YR	
Property of the control of the contr		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	Hartord
thin thin	10 CI	Maryland Ity or town of death	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	110	avre de tiracE	HENOT IN SUCH FACILITY, GIVE STREET	yoral Josp	Tarmer	Farming
filled in could be		AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	or other institution give residence before intry 13c. CAY OR TOW Jarretts	'N 13d. INSIDE CITY LIMITS?	13 STREET, ADDRESS, ZIP CO	21084 rettsville R
d 2 sh	14 FA	THER'S NAME FIRST	MEDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
dwo l		William	Zinkha		ADDRESS	Schriver
Pages, medica		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G		7.11		ellAir, Md.
gned by the otten n please remove c surial, cremotion, y, or other troum!		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION	GIVEN IN PART No
has been sig t permit. The ene priar ta t ene priar ta t	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
of-transintal Mygr		210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)
the buri	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TOR: Arr for use os of Health 21 is mor		220.1 certify that (I) (this hosp	n 2 he body after death	ond that in (my) (our) opinian	death accurred on the date and	havi and from the causes stated
AL DIREC Jetached f ate Dept. o		22b. SIGNATURE	w T- yes	UL DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/27/85
ORTAN		22d PHYSICIAN'S NAME (TYPE	OR PRIN'I	22e ADDRESS 501 5.U	NION AUR. HA	ore de frace tid.

23b DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Gadden Kurtz

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Jarrettsville, Md

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
COOPTOWN William Watters

Harford

Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

